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**‘The Sick Poor and the Quest for Medical Relief in Oxfordshire ca. 1750-1834.’**

**Timothy Philipson**

**This thesis is submitted in partial fulfilment of the requirements of Oxford Brookes  
University for the award of Doctor of Philosophy.**

**October, 2009**

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## **Abstract**

Whilst the issue of pauper access to medical relief under the English New Poor Law of 1834 has attracted both scholarly attention and systematic study from historians of welfare and medicine, the nature of relief under the Old Poor Law has remained comparatively under-researched. The parochial nature of its administration, combined with a paucity of systematic local or regional studies has meant that although many excellent general surveys of welfare provision have been published, the issue of the plight of sick poor is either relegated to a mere adjunct of wider relief policy, or absent from the secondary literature altogether. Through the employment of a systematic study of the under-researched county of Oxfordshire, this thesis will aim to exploit the research agenda that has increasingly sought to re-engage with the lives of the sick poor themselves, as they navigated the contested terrain of the Old Poor Law.

In order to undertake such a study, it is important to first determine the scale and scope of medical relief delivered by the parish to the poor during the period, and so a systematic quantitative analysis of a sample of Oxfordshire parishes forms a necessary starting point of the research. The key aim of this quantification is to establish the centrality of medical relief within the general architecture of the locally administered Poor Law. The thesis will then move into more qualitative territory, employing material that will help unlock our understanding of the medical landscapes which abounded throughout Oxfordshire during the tenure of the Old Poor Law, and how they impacted upon and shaped the relief of the sick poor. Through an evaluation of the supply of medical relief, this thesis will gauge the extent to which the sick poor of Oxfordshire were tied into wider relief paradigms such as the medical marketplace and general narratives of modernity.

The real originality of the thesis however lies in its engagement with the actors who shaped medical relief policy within the multitude of Welfare Republics across Oxfordshire. At heart, the Old Poor Law was always conditioned by notions of exclusion, and through an exposition of the process of relief, the concluding two chapters in particular aim to add much original insight into the wider research agenda that has emerged concerning the complex negotiation strategies that were employed by both sides of the relief equation. Such novel approaches to the architecture and 'system' of relief within the parish represent an important contribution to the nascent

research agenda coalescing around the medical relief of the sick poor. Further, such studies are important as they represent a move away from a historiography that has tended to obscure the point that medical relief was never merely a question of application and approval during the supposedly generous ‘welfare state in miniature’ that has come to characterise the Old Poor Law. It is, therefore, the aim of this thesis to exploit these new avenues of research which consider the plight of the sick poor as worthy of study in their own right, whilst also contributing to the emergent research agenda that seeks to locate the experience of sickness as a central component of the English Old Poor Law.

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## Chapter 1

### Introduction and Context

We who live in the twentieth century can hardly imagine the significance of pain, disfigurement, and the loss of near relatives as a constant factor in everyday life. Slight wounds became infected and suppurated for weeks. Fractures healed badly. Minor irritations like toothache and headache became major pre-occupations, paralysing ordinary activity. Heroic figures like Josiah Wedgwood overcame the handicap of lifelong acute inflictions, most men did not. Against pain there was only opium, or drink. Neither means suppressed pain in a manner enabling the sufferer to lead a normal life. Surgery without anaesthetics, even where it was available, was dreaded, shattering in its impact, and uncertain in the outcome. Blood letting could debilitate and kill an already weakened patient. Even where no acute injury or identifiable major disease was involved, common colds, gastric upsets from the consumption of rotten foodstuffs, and permanent septic foci such as those provided by bad teeth were common, if not universal. The myth of our ancestors, bursting with rude rustic health, given to manly out-door sports and taking their ease by limpid pools and in virgin forests, has long been exploded.<sup>1</sup>

Eversley's observations on the centrality of ill-health to the everyday life experiences of the population during the tenure of the Old Poor Law acts as a powerful reminder of the precarious nature of existence within the English past. As Michael Flinn has argued, sickness for the poor in particular was such that it 'compelled society to intervene' in order to ameliorate the worst aspects that this fragile existence posed to society.<sup>2</sup> However, although the work of Flinn, Anne Digby, and Irvine Loudon has helped establish a burgeoning research agenda for the medical relief of the sick poor during the New Poor Law, the scale, scope and rationales of provision under the Old Poor Law remains in comparison an under-researched area of welfare history.<sup>3</sup>

By its very nature, the Old Poor Law presents historians with particular problems. As Joanna Innes has observed, in early-modern England, 'local government was, for most practical purposes, self-government' and, free from regulation, and until 1803, state monitoring, the evolution of the relief of the sick

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<sup>1</sup> D. E. C. Eversley, 'Epidemiology as Social History', introduction to C. Creighton, *A History of Epidemics in Britain*, 2<sup>nd</sup> edn., 2 vols., (London: Frank Cass, 1965), vol. 1, p. 35.

<sup>2</sup> M. W. Flinn, 'Medical Services under the New Poor Law', in D. Fraser (ed.), *The New Poor Law in the Nineteenth Century* (Basingstoke: Macmillan, 1976), pp. 45-6. Grell and Cunningham have however argued that the link between ill health, poverty and subsequent dependence 'was not readily seen, since poverty was primarily seen as a moral failing'. O. P. Grell, and A. Cunningham, 'Health Care and Poor Relief in 18th and 19th Century Europe', in O. P. Grell, A. Cunningham and R. Jütte (eds), *Health Care and Poor Relief in 18th and 19th Century Europe* (Aldershot: Ashgate, 2002), p. 6.

<sup>3</sup> See for example Flinn, 'Medical Services'; A. Digby, *The Poor Law in Nineteenth Century England* (London: The Historical Association, 1985); I. Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986).



poor naturally manifested itself in many guises.<sup>4</sup> Moreover, the relative lack of any comprehensive central governmental sources on the scope and scale of the parochial response to the sick poor – especially when compared to the evidence surrounding the post-1834 period – means that historians of poverty, welfare and medicine are faced with the problem of accounting for what was often a significant aspect of overall Poor Law provision and expenditure with problematical source material.<sup>5</sup> Despite these empirical hurdles, how historians have sought to develop an understanding of, and characterise the administration of the Old Poor Law naturally impacts upon the wider poverty and welfare debate in general, and the relief of the sick poor in particular. As such, a brief exposition of the historiographical trends within Poor Law history forms a logical and necessary starting point for this enquiry.

### The Old Poor Law

As Tim Wales persuasively argues, ‘the history of poor relief is important not simply for itself, but as a way into the history of poverty and local society and economy generally’.<sup>6</sup> Despite this cogent observation, social provision for the poor *per se* within the administrative framework of the Old Poor Law itself continues to resist any degree of historiographical consensus, with historians adopting what Steven King has termed a ‘whole range of overlapping and contradictory perspectives on the character of the Poor Laws old and new’.<sup>7</sup> These perspectives evident within the historiography encompass a broad spectrum concerning the relative generosity or parsimony of the Old Poor Law, and in turn occupy four distinct strands of historical

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<sup>4</sup> J. Innes, ‘The “Mixed Economy of Welfare” in Early Modern England: Assessments of the Options from Hale to Malthus, c.1683-1803’, in M. J. Daunton (ed.), *Charity, Self-Interest and Welfare in the English Past* (London: University College London Press, 1996), p. 186. Original emphasis.

<sup>5</sup> J. Lane, ‘“The doctor scolds me”: The Diaries and Correspondence of Patients in Eighteenth Century England’, in R. Porter (ed.), *Patients and Practitioners. Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge: Cambridge University Press, 2002), p. 211.

<sup>6</sup> T. Wales, ‘Poverty, Poor Relief and the Life-Cycle: Some Evidence from Seventeenth-Century Norfolk’, in R. M. Smith, (ed.), *Land, Kinship and Life-Cycle* (Cambridge: Cambridge University Press, 1984), p. 376.

<sup>7</sup> S. A. King, *Poverty and Welfare in England, 1700-1850. A Regional Perspective* (Manchester: Manchester University Press, 2000), p. 49. As the work of Mark Neuman in particular testifies, the history of the Old Poor Law has a tendency to be dominated by the debates centred around the adoption of the so-called Speenhamland system of wage subsidy, which have overshadowed other aspects of welfare provision, such as medical relief, which were both more widespread and deeply entrenched. M. Neuman, *The Speenhamland County: Poverty and the Poor Laws in Berkshire, 1782-1834* (London: Garland., 1982).



interpretation and judgement on the English welfare 'system' until the Amendment Act of 1834.

In their early pioneering work on the English Poor Laws, the Webbs were to establish a critique of the Old Poor Law that would resonate throughout much scholarship during the early twentieth century. 'Incredible in its ineptitude', with 'the inefficiency of the methods of relief...paralleled only by the corruption of its administrators', the Old Poor Law represented the polar opposite of the centralized machinery of state delivered welfare that left-leaning historians such as the Webbs and Hammonds sought to idealise and bring into creation.<sup>8</sup> This sombre analysis of the parochial administration of welfare held sway throughout much of the early twentieth century, and was echoed in part by Dorothy Marshall's work concerning the English poor during the eighteenth century. Although not so overtly hostile to the legacy of the Old Poor Law, conceding that 'in the sphere of actual poor relief itself...parishes were not ungenerous', Marshall nevertheless concluded that the local administration of welfare 'worked abominably' in practice.<sup>9</sup> The lack of a strong central authority meant that the interests of the parish were elevated above the interests of the national community, with the 'true intent' of the law 'perverted for financial reasons'.<sup>10</sup>

As King and Alannah Tomkins have noted however, these early expositions relegated the experiences of the poor themselves to 'mere illustrations of policy in practice', a tendency moreover which informed their 'decidedly critical' approach to the Old Poor Law.<sup>11</sup> The extent to which this school of thought retained its ascendancy within the historiographical debate began to be increasingly challenged during the latter half of the twentieth century, with Alan Kidd in particular questioning the 'self-imposed' limits to such scholarship.<sup>12</sup> Such critiques built upon Mark Blaug's pioneering reappraisal of the Old Poor Law, which argued for a more sympathetic reading of English welfare policy, and led the historiographical focus to

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<sup>8</sup> S. Webb, and B. Webb, *English Poor Law History, Part I: The Old Poor Law* (London: Frank Cass, 1963), p. 424.

<sup>9</sup> D. Marshall, *The English Poor in the Eighteenth Century. A Study in Social and Administrative History* (New York: Augustus M. Kelly, 1969), pp. 10-12.

<sup>10</sup> *Ibid.*, pp. 10-12.

<sup>11</sup> S. A. King, and A. Tomkins (eds), *The Poor in England 1700-1850. An Economy of Makeshifts* (Manchester: Manchester University Press, 2003), pp. 2-3. Also P. H. Lindert, *Growing Public: Social Spending and Economic Growth Since the Eighteenth Century* (Cambridge: Cambridge University Press, 2004), p. 46.

<sup>12</sup> A. Kidd, 'Historians or Polemicists? How the Webbs wrote their History of the English Poor Laws', *Economic History Review*, 40 (1987), 400-417.



shift away from blind criticism to a more nuanced and sympathetic reading of social policy. His rejection of the central tenets of much of the early historiography, notably the assertion that relief policy was in and of itself a root cause of poverty, began to recast the historical mould in which the Old Poor Law was to be subsequently viewed.<sup>13</sup>

Geoffrey Oxley reaffirmed and built upon much of this agenda, and sought to focus in upon the administration of welfare beyond the wider critical paradigm of English social policy. Although the industrial revolution ushered in new and unforeseen challenges which impacted upon structural poverty in particular, he concluded that the Old Poor Law struck a humane balance between the interests of the local tax base and the relief demands of the poor.<sup>14</sup> This optimistic interpretation was to prove remarkably resilient, and remained historical orthodoxy for much of the remainder of the twentieth century, capturing historians such as Keith Snell, David Thomson, and Richard Smith within its orbit. Snell for example would subsequently note the 'generous and widely encompassing nature of relief', and argue that to settled inhabitants at least, the rural parish represented a 'flexible and humane...miniature welfare state'.<sup>15</sup> The recent exposition by Lynne Hollen-Lees reflects many of the underlying assertions within this positive reading of English social policy. The Poor Laws, she maintains, 'rested upon common understandings of citizenship and social rights', and that 'the force of law and habit bound both sides in the welfare transaction together into a morris dance of interlocking obligation'.<sup>16</sup> Like Snell, she concludes that once the Poor Law became established within localities, it was 'widely accepted', which meant that individuals whose right of settlement was recognised effectively 'resided in a locally organised welfare state'.<sup>17</sup> This sense of obligation, Thomson maintains, ensured that the Poor Law 'was far from being the minimal, miserly, last-resort of public assistance'.<sup>18</sup>

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<sup>13</sup> M. Blaug, 'The Myth of the Old Poor Law and the Making of the New', *Journal of Economic History* 23 (1963), 151-84.

<sup>14</sup> G. Oxley, *Poor Relief in England and Wales 1601-1834* (London: David and Charles, 1974), pp. 42, 50.

<sup>15</sup> K. D. M. Snell, *Annals of the Labouring Poor: Social Change and Agrarian England, 1660-1900* (Cambridge: Cambridge University Press, 1995), pp. 105-7.

<sup>16</sup> L. Hollen-Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1949* (Cambridge: Cambridge University Press, 1998), pp. 7, 11.

<sup>17</sup> *Ibid.*, pp. 11, 19.

<sup>18</sup> D. Thomson, 'Welfare and the Historians', in L. Bonfield, R. M. Smith and K. Wrightson, *The World We Have Gained. Histories of Population and Social Structure* (Oxford: Basil Blackwell,



Further, Paul Slack's work on early modern social policy rooted this enlightened response to poverty deep within the English past, arguing that the Old Poor Law 'made the recognition of poverty easier than its denial and the granting of relief easier than its refusal'.<sup>19</sup> For Slack, the Poor Law concretised an English 'refusal to tolerate misery and deprivation' to such an extent that by 1700 the Poor Law represented both a 'welfare state', and a 'unique English institution'.<sup>20</sup> This system of relief sought to redefine and raise the definition of, and sensitivity to, relative poverty, as opposed to mere absolute poverty, and as a consequence ultimately brought increasing numbers of the labouring classes under its protective wings.<sup>21</sup>

These 'remarkably effective mechanisms of income redistribution'<sup>22</sup> which, Peter Solar maintains, 'English men and women could count on',<sup>23</sup> have however been questioned by historians who favour a more residualist model of relief. The work of Pat Thane for example has argued that although relief often represented an 'impressive achievement' for financially constrained parishes, it remained residual in nature and 'complementary to income from work and support from family, friends, and charity'.<sup>24</sup> Anne Borsay concurs, arguing that the Poor Law was intrinsically tied up with other avenues of support within the wider economy of makeshifts, as relief was 'neither regular or at subsistence levels'.<sup>25</sup> Ursula Henriques' similarly remarks that the Poor Law was the 'last resort' for the poor and destitute,<sup>26</sup> and although thought of as a 'right' by the poor, Pamela Sharpe argues that relief was

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1986), p. 370. It should be acknowledged that much of Thomson's work concerns the post 1834 period.

<sup>19</sup> P. Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988), p. 190. Beier has actually placed 'social welfare' within a wider framework of state provision for the poor, arguing that the corpus of regulation in respect of the poor and labour amounted to the existence of 'medieval poor-laws' before the 1601 Act of Elizabeth. A. L. Beier, *The Problem of the Poor in Tudor and Early Stuart England* (London: Methuen, 1983), pp. 3-4.

<sup>20</sup> Slack, *Poverty and Policy*, p. 200.

<sup>21</sup> *Ibid.*, pp. 190-2.

<sup>22</sup> Thomson, 'Welfare and the Historians', p. 370.

<sup>23</sup> P. M. Solar, 'Poor Relief and English Economic Development before the Industrial Revolution', *Economic History Review*, 48 (1995), 1-22.

<sup>24</sup> P. Thane, *Old Age in English History. Past Experiences, Present Issues* (Oxford: Oxford University Press, 2002), pp. 149, 155. For the relationship between kinship density and poor relief, refer to M. E. Fissell, *Patients, Power, and the Poor in Eighteenth Century Bristol* (Cambridge: Cambridge University Press, 1991); R. M. Smith, 'Charity, Self-Interest and Welfare: Reflections from Demographic and Family History', in Daunton (ed.), *Charity, Self-Interest and Welfare*, p. 33.

<sup>25</sup> A. Borsay, *Disability and Social Policy in Britain Since 1750. A History of Exclusion* (London: Palgrave Macmillan, 2005), pp. 148-9.

<sup>26</sup> U. R. Q., Henriques, *Before the Welfare State. Social Administration in Early Industrial Britain* (London: Longman, 1979), p. 1.



something that 'paupers had constantly to plead for'.<sup>27</sup> Thane's conclusion that if the Old Poor Law did indeed represent a 'miniature welfare state', then it was 'ungenerous, even by the standards of modern welfare states',<sup>28</sup> echoes Borsay's pessimism that for the elderly or disabled in particular, parochial relief never amounted to a 'comprehensive system of financial relief'.<sup>29</sup> Indeed, despite her apparent optimism noted above, Hollen-Lees still considers the system of relief through much the same prism as Thane, and places residualism at the heart of her three-stage chronological analysis of the English Poor Laws. With the pre-1834 welfare regime characterised as 'residualism taken for granted', she argues that although relief was 'neither uniformly harsh or benign', when the state did intervene, it usually came 'in late and with little'.<sup>30</sup> This apparent inconsistency that is entrenched within her analysis has been picked up by Borsay in particular. As she notes, although the Poor Law may well have conferred a degree of choice onto the poor as to whether they would accept or decline relief, these 'choices' were often unpalatable, and the 'relief received suggests that the material benefits enjoyed by the lower orders were parsimonious in the extreme'.<sup>31</sup> This view of the Poor Law acting as a 'safety net' during times of dearth or unpredictable dependency is evident within much of the historiography of the pre-1834 English welfare regime.<sup>32</sup> Insecurity of trade and employment, and the accidents and 'premature physical decay that resulted from the working environment', impacted upon the often already precarious family economy. This naturally led, Robert Malcolmson argues, to an increased dependence on the Poor Law during times of hardship, placing a not insignificant burden on the parish to relieve the consequences that these structural weaknesses exacerbated.<sup>33</sup>

Such stark realities were a primary determinant of the specific welfare regimes which were adopted within parishes argues Margaret Crowther, with the overriding concern being to limit expenditure, irrespective of the impact upon the

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<sup>27</sup> P. Sharpe, 'The Bowels of Compaion': A Labouring Family and the Law, c.1790-1834', in T. Hitchcock, P. King and P. Sharpe (eds), *Chronicling Poverty. The Voices and Strategies of the English Poor, 1640-1840* (Basingstoke: Macmillan, 1997), pp. 87-108.

<sup>28</sup> Thane, *Old Age in English History*, p. 159.

<sup>29</sup> Borsay, *Disability and Social Policy*, p. 150.

<sup>30</sup> Hollen-Lees, *The Solidarities of Strangers*, p. 19.

<sup>31</sup> Borsay, *Disability and Social Policy*, pp. 147-8.

<sup>32</sup> See for example, J. Walter, and K. Wrightson, 'Dearth and the Social Order in Early Modern England', in P. Slack, (ed.), *Rebellion, Popular Protest and the Social Order in Early Modern England* (Cambridge: Cambridge University Press, 1984), pp. 108-28.

<sup>33</sup> R. W. Malcolmson, *Life and Labour in England, 1700-1780* (London: Hutchinson, 1981), p. 78.



quality of care that such a policy would engender.<sup>34</sup> Such views are echoed by Susannah Ottaway, who states that vestry accounts indicate above all 'a concern to keep the cost of assistance to a minimum'.<sup>35</sup> Where 'commonly humane and even generous' relief is evident in the records, Dorothy and Roy Porter have nevertheless argued that this was primarily due to the recognition of enlightened self-interest within the parish, and conclude that at the heart of the philosophical creed of the Old Poor Law remained the Protestant distaste for 'indiscriminate and boundless charity'.<sup>36</sup> This residualist strand of Poor Law historiography therefore moves away from the centrality of the formal relief structures that dominate the 'optimistic' discourse noted above. Key to this interpretation is the belief that the Poor Law was just one relief avenue amongst many within the wider economy of makeshifts. Thomas Sokoll's recent work on the poor of Essex for example provides a very good illustration of the range of relief alternatives that were available to the poor during times of distress. Although he recognises that the Poor Law conferred a degree of agency to the poor, and that it was an 'institutional platform on which the labouring poor could express their needs, pursue their interest and establish their claims', he nevertheless places the Poor Law within a wider framework of welfare alternatives available to the poor throughout their life-cycle.<sup>37</sup> Smith has argued in a similar vein, stating that when the parish did intervene, this expenditure was merely a continuation of a 'long standing tradition of extra-familial support for dependants'.<sup>38</sup>

Somewhat removed from the nuanced reading which characterises the residualist approach to the Old Poor Law lies a further and more deterministic strand of historiographical interpretation. Innes' astute observation noted earlier that in early-modern England local government was effectively self-government, echoes a school of thought which argues that little generalisation can be made at all

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<sup>34</sup> M. A. Crowther, 'Paupers or Patients?', *Journal of the History of Medicine and Allied Sciences*, 60 (1984), 33-54.

<sup>35</sup> S. Ottaway, *The Decline of Life. Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2004), pp. 196-7.

<sup>36</sup> D. Porter and R. Porter, *Patients Progress. Doctors and Doctoring in Eighteenth Century England* (Oxford: Basil Blackwell, 1989), p. 8. See also D. Valenze, 'Charity, Custom and Humanity: Changing Attitudes Towards the Poor in Eighteenth-Century England', in J. Garnett and C. Matthew (eds), *Revival and Religion Since 1700: Essays for John Walsh* (London: Hambledon, 1993), pp. 59-78; M. J. D. Roberts, 'Head versus Heart? Voluntary Associations and Charitable Organisation in England, c.1700-1850', in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform from the 1690's to 1850* (Basingstoke: Macmillan, 1998), pp. 66-86.

<sup>37</sup> T. Sokoll, 'Negotiating a Living: Essex Pauper Letters from London, 1800-1834', in: L. Fontaine and J. Schlumbohm (eds), *Household Strategies for Survival, 1600-2000: Fission, Faction and Cooperation* (Cambridge: Cambridge University Press, 2000), p. 46.

<sup>38</sup> Smith, 'Charity, Self-Interest and Welfare', p. 27.



concerning relief policy, with all fifteen thousand parishes effectively operating as autonomous welfare entities. Historians such as Christopher Lawrence for example have argued that poor relief was by necessity dependant upon factors determined by particular localities and their cultural influences, such as regional, local, familial and religious traditions and beliefs.<sup>39</sup> Shaped and defined by the principle of 'local poverty, local relief',<sup>40</sup> Steven King has further argued that local variations in generosity were always dependant upon vestry composition, the vociferousness of local rate payers or constraints on the local tax base.<sup>41</sup> In a similar vein, Steve Hindle maintains that 'formal poor relief was, above all, bureaucratic, involving systematic processes of decision making about how the resources of the parish should be marshalled and to whom they ought to be distributed', with payments to the poor dependant upon the economic prosperity of the parish.<sup>42</sup> Local poverty landscapes, combined with the structures of local Poor Law administrations, were therefore central to welfare regimes that were locally adopted and enforced, giving rise to what may be termed a 'post-code lottery' system of relief.

Although Mark Goldie has argued that in early modern England every citizen was 'in some measure a lesser agent of government', and that office holding within the parish was far more common across the social spectrum that has been hitherto recognised,<sup>43</sup> Hindle has cast doubt upon the extent to which the parish was ever characterised by active and widespread participation.<sup>44</sup> Moreover, 'democratic' parochial administrations were in themselves no guarantor of a 'generous' and 'humane' welfare regime. As Hindle and Snell persuasively argue, communities are constituted by processes of exclusion as well as inclusion, with exclusionary impulses shared by parishioners irrespective of social rank or wealth in order to limit the expenditure of scarce welfare resources upon 'outsiders'.<sup>45</sup> Ottaway has further

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<sup>39</sup> C. Lawrence, *Medicine in the Making of Modern Britain, 1700-1920* (London: Routledge, 1994), p. 8.

<sup>40</sup> King, *Poverty and Welfare*, p. 25.

<sup>41</sup> S. A. King, "'Mere pennies for my baskitt will be enough'", *Women Work and Welfare, 1770-1830*, in P. Lane, N. Raven, and K. D. M. Snell (eds), *Women, Work and Wages in England, 1600-1850* (London: Boydell Press, 2004), p. 129.

<sup>42</sup> S. Hindle, *On the Parish? The Micro-Politics of Poor Relief in Rural England, c.1550-1750* (Oxford: Clarendon Press, 2004), pp. 228, 262.

<sup>43</sup> M. Goldie, 'The Unacknowledged Republic: Officeholding in Early Modern England', in T. Harris (ed.), *The Politics of the Excluded, c. 1500-1850* (London: Palgrave, 2001), p. 155.

<sup>44</sup> S. Hindle, 'The Political Culture of the Middling Sort in English Rural Communities', in Harris (ed.), *The Politics of the Excluded*, pp. 125-152.

<sup>45</sup> Hindle, *On the Parish*, p. 298; K. D. M. Snell, *Parish and Belonging: Community, Identity and Welfare in England and Wales, 1700-1950* (Cambridge: Cambridge University Press, 2006), esp.



argued that the administrative autonomy which characterised the Old Poor Law by definition enabled a degree of social control to be exercised by relief administrations within tight-knit communities.<sup>46</sup> Although the work of historians such as King in particular has argued that the Poor Law should be viewed as a broadly regional as opposed to a parochial phenomenon,<sup>47</sup> the 'post-code lottery' school of thought is encapsulated by Oxley's conclusion that 'there is no history of poor relief upon which to ground one's study, only the history of poor relief in various parishes'.<sup>48</sup>

### The Wider Poverty and Welfare Debate

Despite these divergent and at times overlapping interpretations of the Old Poor Law, important new insights have undoubtedly been made. The work of Ottaway, Margaret Pelling, Smith, Thane and Thomson in particular for example has expanded the historical horizons concerning ageing in the English past, whereas the under-exploited economy of makeshifts noted above has been elevated within the discourse of poverty and welfare, and forms the central focus of the edited volume by King and Tomkins.<sup>49</sup> Despite the expanding research agenda that has attached itself to the Old Poor Law however, the issue of pauper access to medical relief within the cosmology of the parish remains a neglected area of historical enquiry.

This is in stark contrast to the research agenda that has emerged for the period covered by the New Poor Law, particularly with its concentration upon the supposed rise of the welfare state. The work of Derek Fraser is an excellent example of this decidedly teleological approach, in that although the sick poor are identified as constituting a central focus of the 1601 statute, little analysis is devoted to the mechanism of medical relief during the Old Poor Law. Moreover, his almost exclusive focus upon the arrangements which developed over the course of its 1834

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chapter 2, 'The Culture of Local Xenophobia'. See also K. Wrightson, 'The Politics of the Parish in Early Modern England', in P. Griffiths, A. Fox and S. Hindle (eds), *The Experience of Authority in Early Modern England* (Basingstoke: Macmillan, 1996), pp. 10-46.

<sup>46</sup> Ottaway, *The Decline of Life*, p. 198.

<sup>47</sup> King argues that the Old Poor Law in particular was characterised in terms of a benevolent and generous Southern and Eastern regime, and a harsh exclusionary system in the North and West. King, *Poverty and Welfare*, passim.

<sup>48</sup> Oxley, *Poor Relief*, p. 12.

<sup>49</sup> King, *The Poor in England*; A. Tomkins, *The Experience of Urban Poverty, 1723-82. Parish, Charity and Credit* (Manchester: Manchester University Press, 2006).



successor is the dominant theme which pervades much of the historiography which charts the evolution of the welfare state.<sup>50</sup> Henriques, Bernard Harris, and to some extent Flinn are also good examples of this scholarly tradition – almost exclusively locating the genesis of a medical ‘service’ after the 1834 Poor Law Amendment Act.<sup>51</sup> This tendency to locate the study of the medical services of the Poor Law firmly within the context of nineteenth century developments echoes the preoccupations of the very same nineteenth century ‘reformers’ that form the focus of many of their studies. Poor Law Commissioner Sir George Nicholl’s comprehensive history of the Poor Law is one such example.<sup>52</sup> Despite running to two lengthy volumes, Nicholls offers only a fleeting account of the provision of medical relief to the sick poor, and moreover one which is set firmly within the context of justifying the post-1834 developments, of which he was in part an architect. His desire to dispel the ‘clamour and misrepresentation’ that surrounded the post-1834 provision for the sick poor is lost however within his sprawling narrative.<sup>53</sup> This ‘rehearsal’ of many of the ‘historical hierarchies’ that would dominate the work of historians such as the Webbs – who arguably followed in his historical wake – renders attempts to quantify and assess provision effectively impossible beyond the assertion that actual expenditure under the New Poor Law ‘considerably increased’ and that it is ‘certain that the sick poor were better attended than they previously had been’.<sup>54</sup>

Although the relief of the sick poor has tended to be subsumed within wider debates concerning the relative efficacy and/or parsimony of the post-1834 ‘system’ of relief, historians of the Poor Laws have nevertheless acknowledged the centrality of medical relief throughout the continuum of English social policy. As Hollen-Lees remarks, ‘long before the adoption of National Health Insurance, public provision of free medical care was part of the welfare services offered by the state’.<sup>55</sup> Nonetheless, few historians have fully engaged with this aspect of relief and located

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<sup>50</sup> D. Fraser, *The Evolution of the British Welfare State* (Basingstoke: Macmillan, 1976), pp. 30, 82-87.

<sup>51</sup> Henriques, *Before the Welfare State*, pp. 11-38, 46-48; B. Harris, *The Origins of the British Welfare State, Social Welfare in England and Wales, 1800-1945* (London: Palgrave, 2004), pp. 91-103; Flinn, ‘Medical Services’, pp. 45-66.

<sup>52</sup> G. Nicholls, *A History of the English Poor Law In Connection with the State of the Country and the Condition of the People*, 2 Vols. (London: P. S. King and Son, 1904).

<sup>53</sup> *Ibid.*, p. 319.

<sup>54</sup> *Ibid.*, pp. 319, 366. Nicholls puts expenditure at £136,775 in 1838, and £174,330 in 1845, with an additional £26,000 being paid in vaccination fees.

<sup>55</sup> Hollen-Lees, *The Solidarities of Strangers*, p. 69.



it within its wider social, economic and cultural context. All too frequently, the sick poor and the relief processes that shaped their lives are presented as mere illustrative asides within the general historical narrative. This weakness is all the more perplexing due to the burgeoning literature surrounding the social history of medicine that has emerged over the last two decades in particular. The biological *ancien regime* of the English past noted by Dorothy and Roy Porter, where 'sickness continued to be endemic, and death an ever present threat', has led to much excellent historical exposition.<sup>56</sup> However, although identifying the physical, biological and environmental threats to public health, George Howe for example fails to engage with the individual and community response to these dangers in the guise of the Poor Law in general, and medical relief in particular.<sup>57</sup> Despite this tendency to skate over any engagement with the parochial response to the sick poor, Slack's influential work on Tudor and Stuart social policy nevertheless provides valuable insights into the genesis of medical relief, and argues that the risks posed by sickness and epidemics led to formalised welfare responses funded out of the community's resources before the famous statute of Elizabeth was to concretise these provisions.<sup>58</sup> In essence, Slack argues that plague in particular, and the new or newly virulent infectious diseases such as syphilis and sweating sickness were 'catalysts for innovation in social policy', which led to an increasingly medicalised, institutional, managed and collective response to the sick poor both before and during the infancy of the Old Poor Law.<sup>59</sup> Although not ostensibly a study of the relationship between the 'state', the parish and the sick, the work of Slack is important because it begins to locate the relief of the sick poor within the wider social, economic and cultural context that is lacking from many studies of poverty and welfare. This is significant, for whereas a broad historical consensus has grown up surrounding the relationship between the Poor Laws and the relief of sickness, little detailed consideration or analysis has been forthcoming regarding the minutiae of the welfare contract during the tenure of the Old Poor Law.

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<sup>56</sup> Porter and Porter, *Patients Progress*, p. 208.

<sup>57</sup> G. M. Howe, *Man, Environment & Disease in Britain. A Medical Geography Through the Ages* (London: Penguin, 1976), pp. 36-90, esp. pp. 151-166. See also A. Wear, 'Making Sense of Health and the Environment in Early Modern England', in A. Wear (ed.), *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1993), pp. 119-147.

<sup>58</sup> Slack, *Poverty and Policy*, p. 139.

<sup>59</sup> *Ibid.*, pp. 24-5, 141.



The argument forwarded by the Hammonds in their polemical *The Bleak Age* for example, that the state 'assumed' the responsibility for the sick and destitute through the parochially administered Poor Law, characterises much of the general consensus concerning the relationship between the sick poor and the machinery of localised social welfare.<sup>60</sup> Although historians such as Thane have argued that 'both philanthropic and Poor Law expenditure on the medical care of the poor increased' during the eighteenth century, most historians have nevertheless sought to broadly stress the expansion of both the scale and scope of services under the auspices of the Old Poor Law.<sup>61</sup> John Rule and Gordon Mingay for example argue that the majority of relief recipients were the old, the sick and the orphaned, and benefited from the provision of services ranging from the attendance of doctors to preventative procedures such as inoculation.<sup>62</sup> James Riley has further implied that 'entitlement' to medical relief in particular was effectively immune from the social stigma which accompanied other forms of relief, and that as a consequence it encompassed even the 'morally suspect' such as the underemployed and unemployed.<sup>63</sup>

Whether this parochial 'obligation' meant that the poor could expect relief in sickness as of right,<sup>64</sup> or, as Marshall has asserted, the Poor Law was the 'only refuge' for the labouring poor when struck down by illness, old age or bad luck, remains open to question.<sup>65</sup> Lawrence has urged caution in the perceived centripetal benevolence of medical relief during the Old Poor Law. Although there is evidence of an increased tendency of parishes to engage the services of local practitioners to tend to the medical needs of the poor, he maintains that for the very poor at least, 'the family or a neighbour might be the first and last resort in sickness'.<sup>66</sup> Rule concurs with the essence of Lawrence's argument, further stating that the usual recourse of the sick poor was to persons of their own rank who were 'adept at prescribing or carrying out folk remedies or skilled at activities like midwifery, herb healing or

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<sup>60</sup> J. L. Hammond, and B. Hammond, *The Bleak Age* (London: Penguin, 1947), p. 92.

<sup>61</sup> Thane, *Old Age in English History*, p. 115.

<sup>62</sup> J. Rule, *Albion's People: English Society, 1714-1815* (London: Longman, 1992), p. 116; G. E. Mingay, *Land and Society in England, 1750-1980* (London: Longman, 1994), p. 105.

<sup>63</sup> J. Riley, *Sick not Dead. The Health of British Workingmen During the Mortality Decline* (London: John Hopkins University Press, 1997), p. 46.

<sup>64</sup> Rule, *Albion's People*, p. 126.

<sup>65</sup> D. Marshall, *Eighteenth Century England* (London: Longmans, 1963), p. 35. This view is echoed by Wales, 'Poverty, Poor Relief and the Life-Cycle', p. 353.

<sup>66</sup> Lawrence, *Medicine in the Making*, p. 8, 33.



wound dressing'.<sup>67</sup> The purchase that folk medicine retained upon agrarian society is similarly noted by Mingay, who argues that such local customs proved remarkably stubborn to all attempts at reform within the 'conservative and complacent' community.<sup>68</sup>

Although these perspectives on the tenacity of 'unorthodox' or 'lay' forms of medical relief will be dealt with in more detail in subsequent chapters, it is necessary to note that to view medical provision as a mere 'regular' or 'irregular' dichotomy would be misleading. As Porter has argued, these two aspects of practice were characterised more by convergence than by some un-bridgeable divide within the cosmology of the eighteenth century medical marketplace.<sup>69</sup> Despite this important proviso, the work of Digby and Loudon offers valuable insights into the evolution of the relationship between the Poor Law and the nascent medical profession during this period.<sup>70</sup> The rationale for this development in the delivery of welfare services has prompted historians such as Borsay, Anthony Brundage, Ruth Hodgkinson and Tomkins to articulate the often divergent factors which influenced such local policy decisions. Although 'humanitarian' in its execution, they argue that relief represented above all an economic imperative, with expenditure on the sick in particular facilitating a more speedy return to productive labour.<sup>71</sup> As Borsay has argued, the 'mercantilist rationale' of the eighteenth century which stressed the 'social utility' of medicine and a healthy and productive workforce and population 'ensured that the financial burden of sickness remained an acute anxiety'.<sup>72</sup> These 'conditioners' of policy meant that 'a guinea spent on medicine might put a parishioner back at work, saving the £50 otherwise later required for the relief of his family'.<sup>73</sup>

That relief was central to the well-being of both the economy of makeshifts of the poor, and the long-term finances of the parish, therefore occupies much of the

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<sup>67</sup> Rule, *Albions People*, pp. 66-7.

<sup>68</sup> Mingay, *Land and Society in England*, pp. 78-9.

<sup>69</sup> R. Porter, *Quacks, Fakers and Charlatans in English Medicine* (Stroud: Tempus, 2000), passim.

<sup>70</sup> A. Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 2002); Loudon, *Medical Care and the General Practitioner*; I. Loudon, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History* 29 (1985), 1-32.

<sup>71</sup> A. Borsay, *Medicine and Charity in Georgian Bath. A Social History of the General Infirmary, c. 1739-1830* (Aldershot: Ashgate, 1999), p. 212; A. Brundage, *The English Poor Laws, 1700-1930* (London: Palgrave, 2002), pp. 17-18; R. Hodgkinson, *The Origins of the National Health Service: The Medical Services of the New Poor Law 1834-1871* (London: Wellcome Institute, 1967), p. 8; A. Tomkins, 'Paupers and the Infirmary in Mid-Eighteenth-Century Shrewsbury', *Medical History*, 43 (1999), 208-227, esp. p. 221.

<sup>72</sup> Borsay, *Medicine and Charity*, pp. 212-4.

<sup>73</sup> Porter and Porter, *Patients Progress*, p. 8.



historical terrain of the Old Poor Law. Moreover, where this relief actually fitted within the life-cycle of the poor has increasingly formed the focus of much new historical scholarship. This innovative research agenda has made significant inroads into unpicking the welfare nexus which existed during the Old Poor Law and beyond. As Fissell and Kidd have argued, there was an almost symbiotic relationship between poverty and life-cycle points, with children, the unemployed, sick, disabled and the elderly comprising up to half of all relief recipients.<sup>74</sup> Although Smith argues that priority was afforded to the support of ailing economies of makeshifts, rather than conforming to some ill-defined obligation towards specific life-cycle groups, there is little consensus on this point.<sup>75</sup> Thane for example suggests that the elderly in particular garnered an impressive range of benefits under the Old Poor Law, a view echoed by Thomson, who states that they were in receipt of a higher proportion of national income than they would command during the twentieth century.<sup>76</sup> This, he asserts, can be explained by different categories of welfare claimants, or even individuals, eliciting different responses at the same time. As Thomson makes clear, 'all may be destitute, and in clear need of assistance from someone, yet the response of the community will not be the same in each case'.<sup>77</sup> Further, over long periods of time, communities appear to have had a hierarchy of claimants, demonstrating 'a greater willingness to commit its collective resources to assist some individuals rather than others, and to insist that self-responsibility and familial duty will dominate in the maintenance of some'.<sup>78</sup> In essence, it is suggested that core commitments to specific groups emerged, in which the collective assumed responsibility for their maintenance regardless of reorientations of policy and the rhetoric of reformers. For the elderly in particular, it is argued that this position was maintained from the mid-eighteenth to the latter half of the nineteenth century.<sup>79</sup>

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<sup>74</sup> Fissell, *Patients, Power, and the Poor*, p. 3, 95; A. Kidd, *State Society and the Poor in Nineteenth-Century England* (Basingstoke: Macmillan, 1999), p. 3. This in itself may of course be unremarkable, for as Margaret Pelling and Richard Smith have argued in relation to the elderly, longevity naturally led to an increased vulnerability to poverty and sickness. M. Pelling and R. M. Smith (eds), 'Introduction', *Life Death and the Elderly: Historical Perspectives* (London: Routledge, 1991), pp. 6, 11.

<sup>75</sup> Smith, 'Charity, Self-Interest and Welfare', p. 33.

<sup>76</sup> Thane, *Old Age in English History*, p. 9. Thane notes that these benefits included 'medical care, nursing, clothing, and subsidized or free housing as well as cash or food'. See also D. Thomson, 'The Welfare of the Elderly in the Past', in M. Pelling and R. M. Smith (eds), 'Introduction', *Life Death and the Elderly. Historical Perspectives* (London: Routledge, 1991), p. 209.

<sup>77</sup> *Ibid.*, p. 214.

<sup>78</sup> *Ibid.*

<sup>79</sup> *Ibid.*, p. 216.



The very existence of any 'core commitments' would demand a re-appraisal of both 'obligation' and 'entitlement' within the parochial sphere, for this would naturally impact upon the relationships between individuals, families, communities and the 'state' in the guise of the Poor Law. In essence, the question remains as to where the balance of responsibility for the poor really lay? Although Ottaway has concurred that throughout the eighteenth century the elderly in particular were considered to be 'a particularly deserving category of the poor', contrary to Thomson she maintains that the 'cultural ideal of familial responsibility' that was concretised by the statute of 1601 persisted, and that there is 'no evidence to suggest that this responsibility lessened over the eighteenth century'.<sup>80</sup> Conversely, Lawrence Stone argues that the Act of 1601 had a profound impact upon the relationships which existed within the cosmology of the parish. The Old Poor Law, he maintains, 'effectively relieved the kin, the conjugal family and the neighbours of their previous sense of obligation to provide relief to the sick and the indigent'.<sup>81</sup> Moreover, this analysis is reinforced by Thomson's assertion that the 1601 statute confirmed the belief that it was 'unenglish...to expect children to support their parents'.<sup>82</sup> Fissell has similarly argued that familial obligations were 'fairly limited', and that care for relatives was effectively 'transformed by the poor from an obligation to a commodity paid for by the Poor Law'.<sup>83</sup> Thomson disagrees with this metamorphosis however, stating that such activities were considered by the Poor Law as 'providing a service to the community',<sup>84</sup> and that this was a logical consequence of the 1601 statute which was in essence an articulation of 'collective duty and obligation', as opposed to stressing familial obligations to the elderly.<sup>85</sup> As Thomson states, 'on the continuum stretching from total dependence upon self to full dependence upon the collectivity, English society has for several centuries now been located well towards the collective pole'.<sup>86</sup> Such was the hold that this belief in collective duty had upon the 'body politic', that even after the Poor Law Amendment Act of 1834, support for the elderly was so widely and firmly held that it was feared that its abandonment

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<sup>80</sup> Ottaway, *The Decline of Life*, pp. 8, 7.

<sup>81</sup> L. Stone, *The Family, Sex and Marriage in England, 1500-1800* (London: Penguin, 1990), p. 107.

<sup>82</sup> Thomson, 'The Welfare of the Elderly', p. 199.

<sup>83</sup> Fissell, *Patients, Power, and the Poor*, p. 101. Slack has similarly argued that the innate 'legitimacy' of sickness enabled the able-bodied to turn their sick dependants into 'marketable assets'. Slack, *Poverty and Policy*, p. 180.

<sup>84</sup> Thomson, 'The Welfare of the Elderly', p. 210.

<sup>85</sup> *Ibid.*, p. 197.

<sup>86</sup> *Ibid.*, p. 213.

could 'unleash powerful passions and promote dangerous levels of disorder in a lightly-policed society'.<sup>87</sup>

Clearly, much excellent scholarship has been undertaken on life-cycle histories. However, the 'privileging' of old age within these studies in particular poses limitations and leaves un-resolved questions. Whether old age is defined in functional or cultural terms necessarily impacts upon the sick poor debate. The work of Pelling, Smith, Thane, Hindle and Paul Johnson for example has indicated that when considered in functional terms, much life-cycle scholarship, whilst ostensibly considering the plight of the elderly, is in fact concerned with those unable to sustain themselves due to sickness. In an age when voluntary retirement was virtually unknown, pensions for the elderly in particular effectively represented disability benefits, and according to Borsay, were 'allocated only when ill health and impairment reduced the feasibility of permanent paid employment'.<sup>88</sup> To what extent therefore, are these histories of the sick poor, as opposed to histories of the experience of ageing? These are questions which clearly need to be addressed, for the life-cycle has potential to shape both the experience of and attitudes towards sickness within the cosmology of the parish.

Central to much life-cycle analysis is the implicit contention that both sentiment and policy transcended the bounds of the parish, and that relief itself could become so entrenched that it quickly assumed the language of rights. As King has remarked, the face to face nature of relief resulted in social pressures which 'encouraged the recognition of rights and obligations', with the scope for an 'obligation' to become a 'right' particularly evident with regard to the old and sick.<sup>89</sup> However, this apparent setting in stone of relief policy may well underplay the myriad local circumstances that shaped relief policy.<sup>90</sup> William Newman Brown for example has argued that the degree of social and economic mobility evident within the parish may at least go some way to explain the relative generosity and indomitable nature of relief during the Old Poor Law, as many individuals who could expect to serve as officers within the parish may have ultimately succumbed to

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<sup>87</sup> Ibid., p. 200.

<sup>88</sup> Borsay, *Disability and Social Policy*, p. 148.

<sup>89</sup> King, *Poverty and Welfare*, p. 52.

<sup>90</sup> This may include for example the local poverty landscape, the capacity of the tax base to underwrite relief, and the level of poverty parishes were willing to endure.



dependence upon the very office they once served.<sup>91</sup> This point is echoed by Wales, who argues that the ranks of aged paupers were swollen by small holders who had lost their land, and had been 'reduced from overseers to landless paupers'.<sup>92</sup> One consequence of this economic fragility was, according to Hindle, that lesser ratepayers preferred a benevolent relief regime to be established as local precedent, as they themselves may be compelled to seek assistance one day. In essence, it is argued that such individuals had 'more in common with those on the parish than those who ran it'.<sup>93</sup>

### Histories of the Sick Poor

The avenues of historical enquiry noted above all raise important questions pertaining to the structure of relief, its composition, and the local administrative and parochial vicissitudes which impacted upon and shaped policy. However, as the historiography has indicated, the relief of the sick poor has hitherto largely remained as an adjunct to the wider debates concerning poverty and welfare, a trend moreover which is echoed even within more localised Oxfordshire studies.<sup>94</sup> Despite these weaknesses, within the emergent literature on the micro-politics of the parish, institutional provision, and the more specialized studies of distinct life-cycle groups, medical relief during the tenure of the Old Poor Law is making itself increasingly visible, if not as yet forming the central focus of many studies.

Notwithstanding this, the prominence that should be afforded to the Poor Law's response to sickness within a complex parochial welfare matrix still accounts for much historiographical reticence. Despite Malcolmson's observation that diaries of the period clearly articulate that the prevalence of illness, mishaps and premature

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<sup>91</sup> W. Newman-Brown, 'The Receipt of Poor Relief and Family Situation: Aldenham, Hertfordshire, 1630-90', in Smith, (ed.), *Land, Kinship and Life-Cycle*, pp 419-20.

<sup>92</sup> Wales, 'Poverty, Poor Relief and the Life-Cycle', p. 382.

<sup>93</sup> Hindle, *On the Parish?*, p. 448.

<sup>94</sup> See for example, M. Beak, 'The Management of Poor Relief: Dorchester 1827-35', *Oxfordshire Local History*, 5 (1998), 19-36; J. Howard-Drake, 'The Poor of Shipton under Wychwood Parish, 1740-62', *Wychwood History Society Journal*, 5 (1998), 4-44; P. Stewart, 'The Relief of Poverty in Abingdon before 1834', *Oxfordshire Local History*, 1 (1981), 3-9.

death was 'regular rather than extraordinary', and that life was characterised by a 'constant struggle against infirmities', there is little consensus on the primacy of the Poor Law with the narrative of English welfare.<sup>95</sup> Hilary Marland's excellent account of the medical landscape of Wakefield and Huddersfield for example argues that the Poor Law was 'insignificant in terms of the proportion of the population relieved when compared to other forms of medical provision'.<sup>96</sup> Conversely, Thomson has doubted the 'extravagant claims' that have been made for charitable provision over poor relief, a view echoed by both Borsay and Hindle, who argue that although not 'crowded out' by formal relief, informal relief was 'relatively insignificant' to the welfare needs of the poor.<sup>97</sup> Moreover, the disjuncture between charitable provision and the Poor Law is further heightened by Thomson's assertion that these two distinct relief avenues were concerned with quite different sorts of people.<sup>98</sup> This view is supported by Peter Rushton, who maintains that charitable provision concentrated its efforts on the temporary poor, acting as a 'prophylactic against deep poverty',<sup>99</sup> whereas the primary role of the Poor Law, according to Innes, was to 'succour the chronically ill or aged' and 'force work on the work shy'.<sup>100</sup> The debate regarding the 'welfare weighting' that should be accredited to the Poor Law and informal relief is therefore problematic, and probably reflects the regional diversity of relief, or differing interpretations of source material.

In addition to these complex debates concerning what may be termed in today's parlance 'service providers' – debates which themselves have strong echoes within the contemporary discourse on the role of the state within the welfare mix – the extent to which medical relief in itself can be conceived of as an independent entity both worthy and capable of study is also questioned. In a view supported by Tomkins, Fissell has argued that very little distinction was made in practice between health care and poor relief.<sup>101</sup> In a similar vein, Kidd has argued that it would be quite wrong to 'disaggregate the experience of particular groups' such as the sick

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<sup>95</sup> Malcolmson, *Life and Labour*, p. 75.

<sup>96</sup> H. Marland, *Medicine and Society in Wakefield and Huddersfield, 1780-1870* (Cambridge: Cambridge University Press, 1987), p. 93.

<sup>97</sup> Thomson, 'The Welfare of the Elderly', p. 207; Hindle, *On the Parish?*, p. 9; Borsay, *Disability and Social Policy*, p. 146.

<sup>98</sup> Thomson, 'The Welfare of the Elderly', p. 207.

<sup>99</sup> P. Rushton, 'The Poor Law, the Parish, and the Community in North-East England, 1600-1800', *Northern History* 25 (1989), 135-152.

<sup>100</sup> Innes, 'The "Mixed Economy of Welfare"', p. 156.

<sup>101</sup> Fissell, *Patients, Power, and the Poor*, p. 214.



poor 'from the collective', as defined labels scarcely represent the life experiences of individuals.<sup>102</sup> Despite such reservations however, the insights into the vexed issue of pauper access to medical relief during the period nonetheless demonstrates both the validity and potential of this neglected field of research. Indeed, as Fissell's own work testifies, medical relief could account for up to 40 percent of total Poor Law expenditure in any given year.<sup>103</sup> Even sceptics such as Marland tacitly allude to the complexity of provision that was part and parcel of the relief of the sick poor, comprised of 'vital supplements' which, as Smith recognises, represented 'customised care packages' for the poor.<sup>104</sup>

Further, as the work of Digby and Loudon has testified, the local nature of relief, whereby the doctor and patient co-existed within the cosmology of the parish, and the payment for services at market rates, combined to place a 'social' as well as economic value on the relief of the sick poor.<sup>105</sup> This, argue Digby, Loudon, Robert Dingwall, Ann Marie Rafferty and Charles Webster, led to high standards of care for paupers that was equitable with the treatment that non-paupers could expect to receive.<sup>106</sup> Although Loudon feels compelled to highlight the 'patchiness' of provision during this period as a potential flaw, he nevertheless maintains that the coming of the New Poor Law led to a clear decline in the standard of care that the sick poor could expect to receive.<sup>107</sup> For historians such as Oxley this should come as no surprise, for he argues that it was the parochial autonomy at the heart of the Old Poor Law that was instrumental in expanding both the availability and range of services for the sick poor.<sup>108</sup> Even Marshall felt compelled to concede that within the realm of medical relief at least, the locally administered Poor Law appeared to have 'done its best'.<sup>109</sup> The evolution of a complex and comprehensive hierarchy of provision, ranging from full-time parochial medical practitioners, to the carers and

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<sup>102</sup> Kidd, *State, Society*, p. 7.

<sup>103</sup> Fissell, *Patients, Power, and the Poor*, pp. 67-8.

<sup>104</sup> Marland, *Medicine and Society*, p. 68; R. M. Smith, 'Ageing and Well-Being in Early Modern England: Pension Trends and Gender Preferences under the English Old Poor Law, c.1650-1800', in P. Johnson and P. Thane (eds), *Old Age from Antiquity to Post-Modernity* (London: Routledge, 1998), pp. 82-3. As Alannah Tomkins' research into the sick poor of Shrewsbury has argued, drinks and foodstuffs, particularly alcohol and sweet foods, 'were among the most common purchases, particularly for those about to give birth, those near to death, and those who were sick in the workhouse'. Tomkins, 'Paupers and the Infirmary', pp. 215-6.

<sup>105</sup> Loudon, *Medical Care*, pp. 231-2.

<sup>106</sup> Ibid., p. 231, 234; Digby, *Making a Medical Living*, pp. 230-31; R. Dingwall, A. M. Rafferty and C. Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1993), p. 3.

<sup>107</sup> Loudon, *Medical Care*, pp. 232, 235.

<sup>108</sup> Oxley, *Poor Relief*, pp. 72-3.

<sup>109</sup> Marshall, *The English Poor*, p. 115.



ancillaries which catered for the lesser medical needs of the parish poor noted by Hindle and Smith,<sup>110</sup> would appear to indicate that the parish was indeed developing into a sophisticated deliverer of welfare needs before the advent of the New Poor Law, and casts doubt upon Flinn's assertion that 'the social need for medical services had only been met skeletally before 1834'.<sup>111</sup>

The growth of institutional responses to sickness also call into question the veracity of Flinn's characterisation of the Old Poor Law, at least in terms of the scope of welfare alternatives available to the poor. The exclusion of the sick poor in particular from philanthropic benefactions noted by Slack, meant that new approaches to the problems created by poverty had to be undertaken by the local Poor Law.<sup>112</sup> The emergence of the House of Industry or Workhouse, codified in the Acts of the late sixteenth and early seventeenth century in particular has proved to occupy an elevated position within much of the historiography of poverty and welfare. Although the place of such institutions within the welfare matrix has traditionally been primarily located within the era of the New Poor Law – in which it has arguably become a symbolic and perhaps notorious aspect of the post-1834 regime – the role which such institutions fulfilled in the history of the sick poor cannot easily be dismissed.

As Crowther has argued, only the workhouse offered shelter to those unfortunates who had no money and whose ailments 'deterred the charitable'.<sup>113</sup> For Eric Thomas, these realities meant that the workhouse operated primarily as a poorhouse where the impotent and aged were lodged.<sup>114</sup> Borsay however views the workhouse above all as an 'instrument of the local state', acting as a 'sink' for the elderly, disabled, women and children.<sup>115</sup> Despite these differences of emphasis, it is clear that the original intent of the 1601 Statute to enforce labour on the pauper population was, as the Webbs observed, clearly a spent force by the mid-eighteenth century.<sup>116</sup> Indeed, the passing of Gilbert's Act in 1782 symbolised this failure when

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<sup>110</sup> Hindle, *On the Parish*, p. 266; Smith, 'Ageing and Well-Being', p. 82.

<sup>111</sup> Flinn, 'Medical Services', p. 49.

<sup>112</sup> Slack, *Poverty and Policy*, pp. 164-7.

<sup>113</sup> M. A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution* (London: Batsford, 1981), p.1.

<sup>114</sup> E. G. Thomas, *The Treatment of Poverty in Berkshire, Essex and Oxfordshire, 1723-1834* (Unpublished PhD Thesis, University of London, 1970), p. 290.

<sup>115</sup> Borsay, *Disability and Social Policy*, p. 20-2.

<sup>116</sup> Webb and Webb, *English Poor Law History*, pp. 408-11, 414-17. Workhouse labour may have been unprofitable, but it nevertheless attracted criticism as the produce of the inmates competed with



it stipulated that 'no person shall be sent to such poor house or houses, except such as are become indigent by old age, sickness or infirmities, and are unable to acquire a maintenance by their labour'.<sup>117</sup> Consequently, as Borsay, George Boyer, Crowther, Kidd, and even Thomas have argued, these institutions effectively operated as refuges for these very groups of individuals which increasingly overwhelmed them.<sup>118</sup>

However, as the work of Digby has demonstrated, indoor relief did not necessarily equate with second rate provision for the poor in general, and the sick poor in particular. The construction of purpose built 'pauper palaces', which included hospitals for the old and infirm, infirmaries for the sick, as well as separate accommodation for lunatics were, she argues, a manifestation of paternalistic responsibility towards the poor which surpassed the welfare arrangements of the Union Workhouses under the New Poor Law.<sup>119</sup> The utilisation of the Norfolk and Norwich Hospital by local parishes for paupers in need of surgery, and the Bethel asylum in Norwich are cited as further proof that at a local level, the Old Poor Law could and would effectively marshal its welfare resources to relieve the sick poor, and that this could be humanely achieved within an institutional framework.<sup>120</sup> Fissell echoes Digby's optimism, stating that the workhouse offered both in-patient and out-patient care for the sick poor, delivered by a medical staff that the workhouse system itself had developed.<sup>121</sup> Significantly, Digby also notes that sickness, as opposed to age, was the principal means by which paupers were classified and accommodated within many workhouses, and that the design of these institutions reflected this policy.<sup>122</sup> This observation is important as it recognises that physical health must have had primacy over many other typologies such as chronological age within parochial welfare arrangements.

That the workhouse formed an important component within the delivery of welfare should not of itself render all discussions concerning the scale and efficacy

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the outside market. As a consequence, Crowther argues that workhouse labour was increasingly used to act as physical and symbolic deterrent. Crowther, *The Workhouse System*, p. 197.

<sup>117</sup> Gilbert's Act, 22 Geo. III, c. 83.

<sup>118</sup> Borsay, *Disability and Social Policy*, p. 22; G. R. Boyer, *An Economic History of the English Poor Law, 1750-1850* (Cambridge: Cambridge University Press, 1990), p. 23; Crowther, *The Workhouse System*, pp. 24-6, 212; E. G. Thomas, *The Parish Overseer in Essex, 1597-1834* (Unpublished M.A. Thesis, University of London, 1956), p. 127.

<sup>119</sup> A. Digby, *Pauper Palaces* (London: Routledge and Kegan Paul, 1978), p. 41.

<sup>120</sup> *Ibid.*, p. 44.

<sup>121</sup> Fissell, *Patients, Power, and the Poor*, p. 102.

<sup>122</sup> Digby, *Pauper Palaces*, p. 163.



of outdoor relief obsolete however. As the work of King in particular pointedly reminds us, the parochial ‘flirtation with workhouses was often insubstantial and brief’, which acts as a useful corrective to a historiography which all too often considers the history of the workhouse as synonymous with the history of the Poor Law.<sup>123</sup> Moreover, the workhouse was never the sole institutional resource that the parish could utilise for the treatment of the sick poor. The County Infirmaries for example, as Tomkins and Lane acknowledge, ‘emerged as an option to complement the efforts’ of the local Poor Law,<sup>124</sup> enabling parishes to subscribe to increasingly specialized institutions that could provide an impressive array of treatments ranging from palliative care to surgery.<sup>125</sup>

In addition to the increased healthcare opportunities that these institutions undoubtedly offered to the labouring poor, Fissell has further argued that they fuelled a demand for an expansion of the nursing ‘profession’ and improved its supply by means of recognising the role of nurse as an occupation in itself, befitting the payment of a wage.<sup>126</sup> Although located within an expanding realm of patient ‘choice’ and ‘opportunity’ – especially where kinship networks were poorly developed – the hospital, as Fissell acknowledges, nonetheless remained subject to the forces of both patronage and the moral judgement of prospective patients.<sup>127</sup> This point is developed by Borsay, Pelling and Tomkins, who argue that admissions procedures were overly concerned with ultimate ‘cure’ rates, and considered the pauper as both a source of infection and not the proper object of charity.<sup>128</sup> These factors undoubtedly mitigated against the admission of the chronically sick, and therefore somewhat undermines the centrality of ‘choice’ as an organising principle of the hospital system for both the parish and large numbers of the labouring poor. Moreover, although much maligned by the emergent hospital sector in particular, as Tomkins argues, the parochial Poor Law was able to engage in a variety of relief strategies that would always surpass the ‘specific and limited’ treatments that were available within these charitable endeavours.<sup>129</sup>

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<sup>123</sup> King, *Poverty and Welfare*, p. 160.

<sup>124</sup> Tomkins, ‘Paupers and the Infirmary’, p. 208.

<sup>125</sup> J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 53

<sup>126</sup> Fissell, *Patients, Power, and the Poor*, pp. 94, 67.

<sup>127</sup> *Ibid.*, p. 105.

<sup>128</sup> Borsay, *Medicine and Charity*, p. 222; Pelling, *Life Death and the Elderly*, p. 19; Tomkins, ‘Paupers and the Infirmary’, p. 217.

<sup>129</sup> Tomkins, ‘Paupers and the Infirmary’, p. 221.



If the growth and efficacy of the hospital lacks any degree of historical accord, the history of provision for the mentally ill is equally contentious. As Porter observed, the demands placed upon the local Poor Law by insanity has tended to suffer from a historiography that has been 'extremely preoccupied with demolishing, or defending the asylum'.<sup>130</sup> Indeed, the growth of the asylum out of the entrepreneurial and largely unregulated 'trade in lunacy' of the eighteenth century, and the supposed therapeutic progression that these institutions embodied, has long formed a central tenet of 'whiggish' historians such as Richard Hunter and Ida MacAlpine.<sup>131</sup> The extent to which the asylum represented a therapeutic and politically neutral response to insanity has however been questioned by Andrew Scull, who argues that the emergence of an industrial capitalist economy eroded the traditional 'social bonds' which had formally held society in check,<sup>132</sup> and ultimately reduced the asylum to little more than 'a convenient place for inconvenient people'.<sup>133</sup> His assertion that by the mid-nineteenth century the asylum was 'endorsed as the sole officially approved response to the problems faced by mental illness' implies that the role of the local Poor Law in constructing a flexible package of care was rendered obsolete by such a manifest desire to formally institutionalise the mentally afflicted.<sup>134</sup>

John Walton, David Wright, Richard Adair, Bill Forsythe and Joseph Melling have sought to move away from the 'grand narratives' of Scull and Foucault however, and have instead engaged in significant local and institutional histories which have highlighted the complex forces which governed the care of the insane in modern England.<sup>135</sup> Central to this critique is that the sheer paucity of asylum accommodation until county-wide construction was made compulsory in 1845 must have meant that alternative strategies were employed by both families and the Poor

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<sup>130</sup> R. Porter, 'Shaping Psychiatric Knowledge: The Role of the Asylum', in R. Porter (ed.) *Medicine in the Enlightenment* (Cambridge: Cambridge University Press, 1995,) p. 264.

<sup>131</sup> R. Hunter, and I. MacAlpine, *Three Hundred Years of Psychiatry, 1535-1860* (Oxford: Carlisle Publishing, 1982).

<sup>132</sup> A. Scull, *Museums of Madness: The Social Organisations of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), p. 32.

<sup>133</sup> A. Scull, 'A Convenient Place for Inconvenient People', in A. D. King (ed.), *Buildings and Society*, (London: Routledge and Kegan Paul, 1980), pp. 37-60. On the 'social control' model of institutional provision for the insane, refer to M. Foucault, *Madness and Civilisation, A History of Insanity in the Age of Reason*, trans. R. Howard (New York: Random House, 1965), *passim*.

<sup>134</sup> *Ibid.*, p. 38.

<sup>135</sup> See for example, R. Adair, R. B. Forsythe and J. Melling, 'Migration, Family Structure and Pauper Lunacy in Victorian England: Admissions to the Devon County Pauper Lunatic Asylum, 1845-1900', *Continuity and Change*, 12 (1997), 373-401.



Law to maintain the insane. Brundage for example has argued that as an economic expedient, most pauper lunatics were confined to the parish workhouse where they were shackled to minimise disruption to other inmates and staff.<sup>136</sup> This somewhat sombre analysis of the medical treatment of the insane stands in stark contrast to the work of Peter Bartlett, who has persuasively argued that when asylum committal was considered, the Poor Law, magistrates, the family and even prospective patients were all involved in admission procedures. Consequently, the asylum may be viewed as a fluid system of admissions and discharges, which even embodied a degree of ‘consumer choice’, with families and individuals evaluating the quality and relative benefits of institutional care, and even the qualitative distinctions between the workhouse and the asylum.<sup>137</sup>

As the historiography of institutional provision for the sick poor has indicated, in an era when specialization was the exception rather than the rule, the hospital, asylum and workhouse in particular performed an impressive array of roles, which, as Boyer has argued, were central to the economic delivery of relief to the young, old, and sick.<sup>138</sup> Digby in particular has emphasised that the eighteenth and early nineteenth century antecedents of the post-1834 institutional relief settlement – itself characterised by a utilitarian creed of less eligibility – were often complex and humane welfare entities, catering for the diverse health needs of an economically precarious population. Moreover, as Crowther remarks, the function of these institutions were often blurred or far removed from their original, often punitive intent, so that although the history of these institutions may well be a ‘history without heroes’, it ‘remains to be seen whether, lacking heroes, it still requires villains’.<sup>139</sup>

Despite these often conflicting accounts concerning both the role and efficacy of the Poor Law within the treatment of the sick poor, the historiographical verdict on the Old Poor Law remains relatively benign. Lane in particular encapsulates much of the latitude that is afforded to the pre-1834 system of relief, and contends that the expansion in both the scale and scope of provision meant that ‘when the Old Poor Law died, what replaced it was never to provide for the poorest people the

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<sup>136</sup> Brundage, *The English Poor Laws*, p. 18.

<sup>137</sup> As Peter Bartlett has noted, even self-referral to asylums was not uncommon during our period, as the asylum offered food, warmth and relative safety for many people who may have resorted to faking insanity to gain admission. P. Bartlett, ‘The Asylum, the Workhouse, and the Voice of the Insane Poor in 19<sup>th</sup> Century England’, *International Journal of the Law and Psychiatry*, 21 (1998), 426-427.

<sup>138</sup> Boyer, *An Economic History*, p. 23.

<sup>139</sup> Crowther, *The Workhouse System*, pp. 2-4.

comprehensive welfare service that had existed in England for nearly two hundred and fifty years'.<sup>140</sup> Indeed, for Oxley, the development of a comprehensive system of medical relief represented one of the 'greatest achievements of the Old Poor Law'.<sup>141</sup> However, despite often guarded approval, as Brundage and Hodgkinson have persuasively argued, medical relief in particular was subject to and shaped by local factors which call into question at least some of the generalisations which continue to accumulate around the history of the Old Poor Law.<sup>142</sup> Indeed, even optimists such as Oxley concede that rather than being borne of a deep-rooted humanitarian impulse, medical relief in reality emerged as an 'economy measure to reduce the dependence of the sick poor'.<sup>143</sup> Notwithstanding these reservations, there is little doubt that important insights have been made into medical relief during the Old Poor Law. However, as this brief summary has also indicated, questions remain, and much new work needs to be undertaken if the complex dynamics which underpinned the local operation of medical relief over time and place are to be more comprehensively understood.

## Conclusion

The key feature which emerges from this review of the historiographical debate is that the current engagement with the relief of the sick poor is 'locked into' wider debates on poverty, welfare and medicine generally, and histories of the micro-politics of the parish, institutions, and life-cycle groups in particular. It is clear that these studies have implied that medical relief composed an important aspect of overall expenditure during the Old Poor Law, principally as the parish was the only realistic recourse for the labouring poor during periods of sickness. Consequently, both the scale and scope of medical relief expanded in order to meet demand as an ever greater proportion of the labouring classes came into its purview due to ill-defined factors such as the right to relief and the redefining of acceptable levels of relative poverty. Given these factors, it has been argued that sickness was considered to be a legitimate catalyst for entry onto the parish relief lists. In addition, it has also been

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<sup>140</sup> Lane, *A Social History of Medicine*, p. 54; Blaug, 'The Myth of the Old Poor Law', 151-184.

<sup>141</sup> Oxley, *Poor Relief*, p. 73.

<sup>142</sup> Brundage, *The English Poor Laws*, p. 17; Hodgkinson *The Origins*, p. 8.

<sup>143</sup> Oxley, *Poor Relief*, p. 72.



argued that the face-to-face relief which predominated during the Old Poor Law was crucial in determining the relative generosity of relief, and the number of individuals that the Poor Law was willing to sustain during times of sickness and dearth in particular. The growth of institutional responses to sickness elicits less consensus among historians, although the workhouse – despite debates concerning how widespread this institution was established in practice – is generally considered to have performed an important role in servicing the wider health needs of the community.

For the purpose of this study however, the most significant point to emerge from this review is that despite a tacit acknowledgement of the centrality of medical relief within the architecture of the Old Poor Law, the relief of the sick poor has all too often remained subject to glib generalisations, over simplification, and at worst, complete indifference. This is all the more perplexing, for when historians have engaged with the vexed issue of pauper access to medical relief, it is clear that a valid research agenda exists for this under-researched aspect of poverty and welfare history. Some of the studies outlined above have undoubtedly widened the conceptual framework within which any debate on the relief of the sick poor during the Old Poor Law must by implication be located. However, current historiography still leaves many unresolved issues regarding the sick poor debate. In particular, as statute law usually lagged behind local practice, the extent to which local relief regimes were subject to both internal and external pressures which influenced and shaped relief policy remains an under-researched area. In this respect, Wales' assertion that the over concentration on the 'minutiae of administration', at the expense of 'any real social context' would seem particularly pertinent.<sup>144</sup>

In addition, although it is accepted by many that the combination of fragile economies of makeshift and the nature of obligation within the family and community raises important questions such as who got what, when, how much and why, few factor in sickness as a primary consideration within their narratives of relief. This is all the more perplexing as most recognise – either explicitly or implicitly – that sickness was both a key part of the life-cycle and a driver of poverty. Moreover, insofar as we know anything about the history of the sick poor, this knowledge demonstrates a clear regional bias, in that most studies have hitherto been

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<sup>144</sup> Wales, 'Poverty, Poor Relief and the Life-Cycle', p. 352.

confined to the Midlands and the North. Although the vexed nature of regionality, and its implications on the relative generosity of the supposed 'national system' of welfare provision has been noted above, little detailed research has been undertaken into the intra-regional variations that existed at the level of the parish during the Old Poor Law.

This thesis will therefore engage with and assess the source material and methodologies that are available to historians, and in addition will aim to synthesise overseers accounts, vestry minutes, and associated parochial miscellanea in order to reveal the rich tapestry of parochial dynamics which has hitherto been neglected within current historiography. Using these diverse source materials, a working definition of what constituted medical relief during the period will be posited. Williams has noted that the true scale and scope of relief is difficult to ascertain, for parish accounts often 'mask' the actual intention of much expenditure.<sup>145</sup> Notwithstanding this salient observation, a definition of medical relief is nonetheless essential if both the qualification and quantification of relief is to be assessed, and this will inform the first chapter of the thesis, namely quantifying medical relief within Oxfordshire parishes for the periods 1790-1800 and 1810-1820. This analysis of parochial expenditure upon the sick poor represents a real departure from much of the historiography outlined above – eschewing anecdote and piecemeal examples drawn from disparate archives in order to present a representation of relief policy in respect of individual parochial administrations.

This quantification will be followed by a detailed examination of what may be termed the 'supply' of medical relief within the context of the parish. Historians such as Digby and Loudon in particular have charted the evolution of medical practice in the period covering the eighteenth and nineteenth centuries, and the associated 'professionalisation' that characterised the period. The extent to which this paradigm of the 'medicalisation' of the lives of the poor will therefore be set within the context of the Oxfordshire experience. Did the paid medical practitioner supplant more traditional forms of medical intervention for example, and what role did the Poor Law play in any reconfiguration of medical services that were made available to the poor? The utilisation of more formalised and institutional modes of provision such as Infirmarys and Asylums will also be considered within this

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<sup>145</sup> S. Williams, 'Malthus, Marriage and Poor Law Allowances Revisited: a Bedfordshire Case Study, 1770-1834', *Agricultural History Review*, 52 (2004), 56-82, esp. p. 74.



context, indicating whether the final decade of the Old Poor Law represented any movement towards 'modernity' in respect of the procurement and execution of medical relief policy.

Although the tapestry of relief provision was of course central to the architecture of social provision, 'supply' was but one component of the relief equation. As King and Hindle pointedly remind us, much of the existing historiography has been constructed around sources which only represent what was merely the end of an often lengthy 'process' of relief. Indeed, as King remarks, between application and acceptance, there was 'a wide open country of delay, exclusion, posturing, demand, counter offer, re-application and dispute to be negotiated'.<sup>146</sup> It is through the study of this process therefore that the historian may learn more about the 'attitudes to and experiences of the sick poor' than what is merely recorded in the overseers accounts.<sup>147</sup> This is an important new avenue of research, and one that presents fresh opportunities for evaluating the history of medical relief under the Old Poor Law. Moreover, it reminds us that the relief system itself was based upon exclusion, whereby relief was never merely a process of application and approval.<sup>148</sup> The process of relief naturally plays into the 'rhetorics of sickness' that the poor utilised, and how these manifested themselves within their negotiation strategies. This is an important but as yet under-exploited aspect of poverty and welfare history. As the work of Sokoll and King in particular has shown, the articulation of sickness was fundamental to the relief process, and the construction of notions of 'obligation' and 'entitlement' that shaped both sentiment and local relief policy.<sup>149</sup> This important new research agenda will therefore form the framework of the final two chapters of the thesis, which deal with the construction and articulation of 'sentiment' and 'entitlement' respectively. These perspectives effectively represent opposing sides of the same relief coin, and consequently have

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<sup>146</sup> S. A. King, '"Stop This Overwhelming Torment of Destiny": Negotiating Financial Aid at Times of Sickness under the English Old Poor Law, 1800-1840', *Bulletin of the History of Medicine*, 79 (2005), 228-260, esp. pp. 258-9.

<sup>147</sup> Hindle, *On the Parish?*, pp. 258-9.

<sup>148</sup> Steven King notes that his study of the Poor Law in the North-West demonstrates that in some years up to half of all people who applied for relief were turned down by the vestry. Refer to S. A. King, 'Making the Most of Opportunity. The Economy of Makeshifts in the Early Modern North', in King and Tomkins (eds), *The Poor in England*, pp. 232-35.

<sup>149</sup> The literature which seeks to explore the 'voices' of the poor has expanded significantly over the past decade. See for example the edited volumes A. Gestrich, S. A. King and L. Raphael (eds), *Being Poor in Modern Europe. Historical Perspectives, 1800-1940* (Oxford: Peter Lang, 2006); Hitchcock et al, *Chronicling Poverty*, and T. Sokoll (ed.), *Essex Pauper Letters 1731-1837* (Oxford: Oxford University Press, 2001).

real potential to shed important and original light upon the process of relief noted above. Indeed, exploring the Old Poor Law through the prism of the actors who shaped and sustained it enables historians to better understand the values and motivations which were central to the architecture of the Oxfordshire medical landscape. With these observations in mind, it is appropriate that we first begin to unpick the scale and scope of medical relief within Oxfordshire parishes during the period.



## Chapter 2

### Medical Relief in Oxfordshire: A Survey

Divergent socio-economic cultures which had become increasingly ingrained throughout England undoubtedly led to marked regional variations in poor relief policy. The work of Steven King and Alannah Tomkins for example has shed new and important light upon the regionality of relief, which may be characterised by a harsh and inflexible local bureaucracy throughout the Northern counties, and a relatively lax and generous system south of the Wash-Severn boundary.<sup>1</sup> Despite these advances in regional relief perspectives however, it remains the case that few accounts of the Old Poor Law are firmly rooted in any systematic analysis in order to ascertain how the 'system' of relief actually operated at the county or parish level.

Within this broad area of welfare debate, the vexed issue of medical relief for the sick poor sits somewhat uneasily. As even the most ardent of Poor Law reformers Sir George Nicolls recognised, sickness was above considerations such as moral character, or personal failings in general, in rendering individuals, families or entire communities susceptible to potential destitution and distress.<sup>2</sup> Indeed, the Act of 1601 had identified illness as one of the primary 'legitimisers' of relief within the community.<sup>3</sup> Consequently, sickness was one of the least contested arenas in establishing an 'entitlement' to relief by members of what were, especially in terms

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<sup>1</sup> S. A. King, *Poverty and Welfare in England, 1700-1850. A Regional Perspective* (Manchester: Manchester University Press, 2000), *passim*; S. A. King, 'Making the Most of Opportunity. The Economy of Makeshifts in the Early Modern North', in S. A. King and A. Tomkins (eds), *The Poor in England, 1700-1850. An Economy of Makeshifts* (Manchester: Manchester University Press, 2003), pp. 228-57; H. Marland, *Medicine and Society in Wakefield and Huddersfield, 1780-1870* (Cambridge: Cambridge University Press, 1987).

<sup>2</sup> Sir G. Nichols, *A History of the English Poor Law In Connection with the State of the Country and the Condition of the People*, 2 Vols. (London: P. S. King and Son, 1904), p. 366; M. E. Fissell, *Patients, Power, and the Poor in Eighteenth Century Bristol* (Cambridge: Cambridge University Press, 1991), p. 98. For a survey of contemporary medical knowledge refer to D. Porter and R. Porter, *Patients Progress. Doctors and Doctoring in Eighteenth Century England*. (Oxford: Basil Blackwell, 1989), pp. 189-207.

<sup>3</sup> Crowther has argued that the English Poor Law 'gave some kind of legal right to assistance', with 'the claims of the sick and impotent...enshrined in the original enactment of 1601'. A. Crowther, 'Health Care and Poor Relief in Provincial England', in O. P. Grell, A. Cunningham and R. Jütte (eds), *Health Care and Poor Relief in 18<sup>th</sup> and 19<sup>th</sup> Century Northern Europe* (Aldershot: Ashgate, 2002), p. 207. See also S. Hindle, 'Exhortation and Entitlement: Negotiating Inequality in English Rural Communities, 1550-1650', in M. J. Braddick and J. Walter (eds), *Negotiating Power in Early Modern Society. Order, Hierarchy and Subordination in Britain and Ireland* (Cambridge: Cambridge University Press, 2001), pp. 113, 115-6.



of their independence of action, local ‘welfare states’.<sup>4</sup> When aligned with the recognition that sickness was endemic throughout the operation of the Old Poor Law and beyond, it is clear that medical relief constituted one of the primary components of English welfare policy. Despite this, the study of the operation of medical relief within the wider welfare parochial ‘system’ remains, as indicated, over-looked and as a consequence under-researched at the parish level.

As outlined in the historiography, although historians have recognised that sickness and its relief are worthy of consideration within the wider welfare debate, few attempts have been made at any real systematic analysis of the potential conflict that undoubtedly emerged within communities which sought to balance the books whilst reconciling strictly limited resources with what was in effect unlimited demand. Despite these harsh realities, as noted in the previous chapter, historians such as Joan Lane, Dorothy Marshall, and Anne Digby have nevertheless argued that relief was essentially generous in scale and scope, and increasingly married innovations in provision with the day-to-day treatment of the sick poor. Whereas historians have no doubt fulfilled an important service in highlighting the variety of experiences that came to characterise the pre-1834 welfare system throughout England, much of the historical framework that they have subsequently established has been based on what may loosely be termed anecdotal evidence. Within such attempts to map the English medical landscape therefore, the parochial experience is relegated to that of a supporting role within a wider framework that is constructed from *ad hoc* examples drawn from a wide geographical base in order to highlight examples of policy decisions, which in turn are used to underline the essential ‘character’ of the Old Poor Law.

Given these considerations, it remains that the parish – the bedrock of English social policy – has been somewhat neglected within the wider debates concerning the administration of welfare. Further, despite David Eastwood’s astute observation that Oxfordshire has real potential to act as an exemplar for the study of local governance, it remains that the county is somewhat neglected within the

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<sup>4</sup> M. E. Fissell, ‘The “Sick and Drooping Poor” in Eighteenth-Century Bristol and its Region’, *Social History of Medicine*, 2 (1989), 35-58, esp. p. 42. Sickness as a precursor to relief applications is also evident within pauper letters. Refer to T. Sokoll (ed.), *Essex Pauper Letters, 1731-1837* (Oxford: Oxford University Press, 2001), p. 67.



historiographical canon.<sup>5</sup> It is with this shortcoming in mind that this chapter will attempt to disinter the parochial experience of Oxfordshire from the current historical framework, and establish some basic quantitative data sets for this under-researched county. Although the work of Eric Thomas, Margaret Beak and Joan Howard-Drake has explored the relief of the sick poor of Oxfordshire, such studies fail to either locate medical relief as the focus of their investigations, or place them within a broad and comparative context which cannot, by the very terms of reference that these studies employ, consider the parochial minutiae that undoubtedly both informed and shaped the operation of these local 'welfare states'.<sup>6</sup>

In order to undertake such a task however, it is first necessary to define what is meant by 'medical relief' within the context of this study. Consequently, the initial part of this chapter will consist of a brief outline of the categorisation and methodology which informs the following analysis. Having established the parameters which govern the generation of the quantitative data-sets that are the foci of this chapter, a general introduction to levels of parochial Poor Law expenditure will then be undertaken. Although it is not the aim of this study to consider the operation of the Poor Law within a more generalised context, it is nevertheless necessary to locate medical relief within the general arc of parochial expenditure upon the poor. This will be followed by the kernel of this chapter, namely a detailed analysis of medical relief expenditure itself within the Oxfordshire context. It should be acknowledged at this point however that the lack of comparable localised studies concerned specifically with the medical relief of the sick poor necessarily means that this chapter will be principally driven by primary source material. Although this renders the following analysis somewhat 'light' in terms of secondary

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<sup>5</sup> D. Eastwood, *Governing Rural England. Authority and Social Order in Oxfordshire, 1780-1840* (Unpublished D.Phil., Oxford University, 1985), pp. 1-2.

<sup>6</sup> E. G. Thomas, 'The Old Poor Law and Medicine', *Medical History*, 24 (1980), 1-19. E. G. Thomas, *The Treatment of Poverty in Berkshire, Essex and Oxfordshire, 1723-1834* (Unpublished PhD Thesis, University of London, 1970); M. Beak, 'The Management of Poor Relief: Dorchester 1827-35', *Oxfordshire Local History*, 5 (1998), 19-36; J. Howard-Drake, 'The Poor of Shipton under Wychwood Parish, 1740-62', *Wychwood History Society Journal*, 5 (1998), 4-44. Tomkins and Smith have considered the relief of the Oxfordshire sick poor within more general or comparative frameworks. Refer to A. Tomkins, *The Experience of Urban Poverty, 1723-82. Parish, Charity and Credit* (Manchester: Manchester University Press, 2006); A. Tomkins, 'Almshouse versus Workhouse: Residential Welfare in 18<sup>th</sup> Century Oxford', *Family and Community History*, 7 (2004), 45-58; R. M. Smith, 'Ageing and Well-Being in Early Modern England: Pension Trends and Gender Preferences under the English Old Poor Law c.1650-1800', in P. Johnson and P. Thane (eds), *Old Age from Antiquity to Post-Modernity* (London: Routledge, 1998), pp. 64-95. See also D. Eastwood, 'The Republic in the Village: Parish and Poor in Bampton 1780-1834', *Journal of Regional and Local History*, 12 (1992), 18-28.



contextualisation, it is anticipated that the original insights that the archival material delivers will nevertheless constitute an original contribution to a research agenda that is currently within its infancy.

### Deconstructing Medical Relief

As the historiography makes clear, historians have adopted what may be defined as either a narrow or broad approach to the provision of medical relief. In order to take account of the complexities which characterised relief settlements, this study will embrace a broad definition, comprised of nine basic elements.<sup>7</sup> These range from the employment of what may be considered ‘professional’ medical interventions, to the supporting package of care which maintained the poor through periods of ill-health and beyond.<sup>8</sup> These classifications, and the rationale for their inclusion are discussed more fully below. The data itself has been collected from a broad selection of Oxfordshire parishes, as illustrated in Figure 2.1. Of course, the often patchy survival of comprehensive parochial accounts will always raise questions regarding the representative nature of the selected parishes – although it is possible to overstate such limitations. For the purposes of this study, the parishes which form the core of the data-sets benefit from consistent itemised expenditure entries in parochial ledgers, supporting substantive vestry minutes, and represent broad topographic and demographic coverage of the county. Due to the limitations of accurate census material – particularly during the eighteenth century – the data-sets are derived from raw expenditure within parishes. Although this may ‘mask’ the particularities evident within individual parishes, these raw figures still allow important insights to be made pertaining to relief policy.

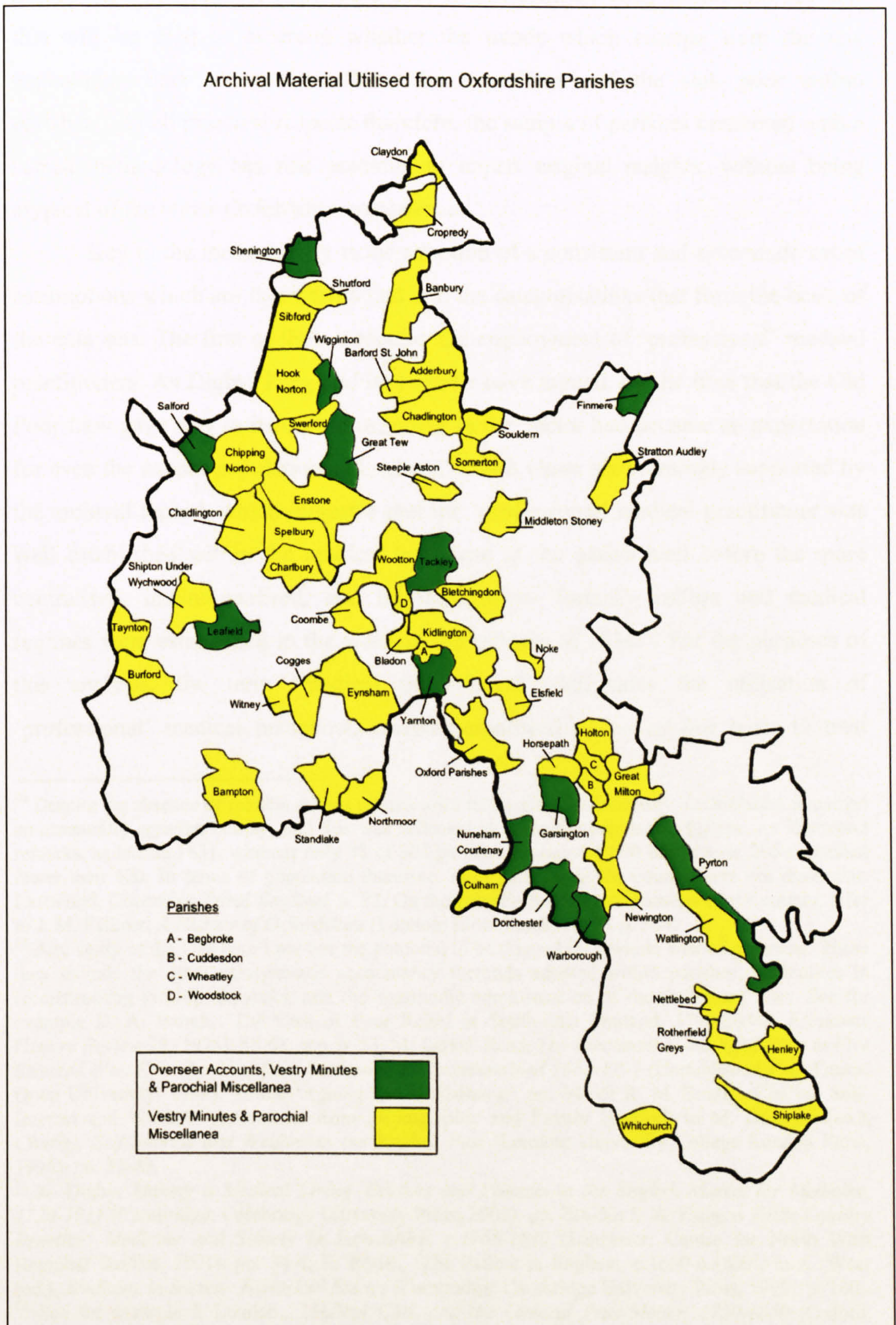
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<sup>7</sup> For an excellent overview of what constituted ‘medical relief’, refer to Tomkins, *The Experience of Urban Poverty*, pp. 122-135. Conversely, Kidd and Fissell in particular have argued that it is difficult to ‘disaggregate the experience of particular groups from the collective’, and that relief often ‘defies separation into medical and welfare components’. A. Kidd, *State, Society and the Poor in Nineteenth-Century England* (Basingstoke: Macmillan, 1999), p. 7; Fissell, ‘The “Sick and Drooping Poor”’, esp. pp. 41-2.

<sup>8</sup> Ottaway in particular has argued that parishes offered ‘customised care packages of assistance to each pauper’. S. Ottaway, *The Decline of Life. Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2004), p. 189. For the range of services supplied to the sick poor, refer to Fissell, *Patients, Power, and the Poor*, pp. 99-100; Marland, *Medicine and Society*, p. 70. Stewart also recognises the complexity that characterised the medical relief of the Oxfordshire sick poor. See P. Stewart, ‘The Relief of Poverty in Abingdon before 1834’, *Oxfordshire Local History*, 1 (1981), 3-9.



Figure 2.1



Source: *Oxfordshire Records Office*.<sup>9</sup>

<sup>9</sup> For a detailed list of parish records, refer to the bibliography. All sources are from the Oxfordshire Records Office (hereafter O.R.O.), unless otherwise stated.



Moreover, when reliable population data exists from the early nineteenth century, this will be used to ascertain whether the trends which emerge from the raw expenditure data accurately reflects the experiences of the sick poor within parishes.<sup>10</sup> In all practical respects therefore, the sample of parishes combined with a robust methodology has real potential to impart original insights, without being atypical of the wider Oxfordshire experience.<sup>11</sup>

Key to the methodology is the adoption of a consistent and systematic set of assumptions which are themselves tied into the categorisations that form the basis of the data sets. The first of these concerns the employment of ‘professional’ medical practitioners. As Digby, King and Roy Porter have argued, by the time that the Old Poor Law gave way to its successor, going to the doctor had become an expectation for even the pauper population of England.<sup>12</sup> Such views are seemingly supported by the archival record, which indicates that the ‘professional’ medical practitioner was well established within the medical landscape of the parish well before the more centralised, institutionalised, and by implication ‘formal’ welfare and medical regimes were established in the wake of the reforms of 1834.<sup>13</sup> For the purposes of this analysis, the term ‘medical practitioners’ designates the utilisation of ‘professional’ medical personnel, whether employed on an *ad hoc* basis to treat

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<sup>10</sup> Despite the absence of reliable census returns prior to the nineteenth century, Oxfordshire remained an essentially agrarian county, and this was reflected in parochial population figures. As Eastwood remarks, as late as 1831, whereas only 33 of 302 parishes exceeded 1,000 inhabitants, 205 contained fewer than 500. In terms of population therefore, most parishes in the county were not dissimilar. Eastwood, *Governing Rural England*, p. 22. On the essentially agrarian character of the county, refer to J. M. Falkner, *A History of Oxfordshire* (London: Elliot Stock, 1899), p. 304.

<sup>11</sup> Any study of the Old Poor Law has the potential to be dogged by a whole host of problems. These may include the often idiosyncratic accountancy methods adopted within parishes; difficulties in reconstructing kinship networks; and the spasmodic administration of the settlement laws. See for example D. A. Baugh, ‘The Cost of Poor Relief in South-East England, 1790-1834’, *Economic History Review* 28 (1975), 50-68, esp. p. 53; M. Barker-Read, *The Treatment of the Aged Poor in Five Selected West Kent Parishes from Settlement to Speenhamland 1662-1797* (Unpublished PhD Thesis, Open University, 1988); Smith, ‘Ageing and Well-Being’, pp. 64-95; R. M. Smith, ‘Charity, Self-Interest and Welfare: Reflections from Demographic and Family History’, in M. Daunton (ed.), *Charity, Self-Interest and Welfare in the English Past* (London: University College London Press, 1996), pp. 23-49.

<sup>12</sup> A. Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 2002), pp. 224-33; S. A. King, *A Fylde Country Practice: Medicine and Society in Lancashire, c.1760-1840* (Lancaster: Centre for North West Regional Studies, 2001), pp. 34-4; R. Porter, ‘The Patient in England, c.1660-c.1800’, in A. Wear (ed.), *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1993), p. 100.

<sup>13</sup> See for example I. Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986), pp. 231-235; S. Williams, ‘Practitioners’ Income and Provision for the Poor: Parish Doctors in the Late Eighteenth and Early Nineteenth Centuries’, *Social History of Medicine*, 18 (2005), 159-186; King, *Poverty and Welfare*, p. 35.



individual complaints as and when required, or on a yearly contractual basis. This category therefore covers expenditure upon qualified practitioners commissioned to provide specific and general medical services for the parish.

Although the dispensing of drugs is central to many narratives of medical relief, what actually constitutes a 'drug' is of course open to question.<sup>14</sup> During the tenure of the Old Poor Law, which items were considered 'medicinal' in its widest sense could constitute an impressive range of products beyond the recognised patent medicines and quasi-medicinal formulations prescribed by more 'respectable' practitioners.<sup>15</sup> The dispensing of or payment for items such as alcohol or foodstuffs could easily be considered as drugs within a broad interpretation of medical relief therefore. However, the provision of such items does not in itself mean that they can be considered to be 'drugs' in a strictly 'medical' sense. Whilst such items may have perceived medicinal benefits for the recipients, the initial intent behind their disbursement can also be interpreted as mere material and nutritional support for individuals and their families during sickness episodes.<sup>16</sup> Indeed, as many periods of ill-health were protracted, and the provision of such supplements correspondingly short-lived, they must be seen as representing but one component within a broad package of care which covered all aspects of both 'medical' and 'non-medical' interventions by the parish. Moreover, the lumping together of payments for myriad items such as food and drink with other items renders it difficult to ascertain the relative value of individual items and thus categorise them separately for analytical purposes. In this study therefore, the provision of various food and drink-stuffs has been omitted from the 'drugs' category in favour of more clearly defined drug dispensing by the parish. One consequence of this approach is that total expenditure upon drugs for the duration of this study may appear both low and periodic in nature, with the data-sets undoubtedly underestimating the real expenditure on such items by

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<sup>14</sup> See for example Tomkins, *The Experience of Urban Poverty*, p. 125; J. Lane, *The Administration of an Eighteenth-Century Warwickshire Parish: Butler's Marston* (Dugdale Society Occasional Paper 21, 1973), p. 20.

<sup>15</sup> See for example Marland, *Medicine and Society*, p. 90; Thomas, 'The Old Poor Law and Medicine', pp. 2-3; Digby, *Making a Medical Living*, p. 228. For self-medication refer to Porter, 'The Patient in England', pp. 96-114

<sup>16</sup> A good illustration of this ambiguity is evident in the work of Howard-Drake. Her study of Shipton under Wychwood with comparators drawn from Leafield indicates that whereas Shipton expended about thirteen percent of total 'relief in kind' upon food and drink, for Leafield the figure was only one percent. Although provided in cases of illness, it is difficult to disaggregate these spending patterns into either 'general' or 'medical' relief. Howard-Drake, 'The Poor of Shipton under Wychwood', esp. pp. 17-18.



parishes, although much of this deficit will of course be recouped within other categories of relief such as ‘goods’.<sup>17</sup>

As the discussion over the practicable definition of ‘drugs’ illustrates, how one defines various aspects of relief is problematic. What constituted treatment within the cosmology of the English parish in Hanovarian England is likewise open to conjecture. Treatment can of course imply either lengthy episodes of care or short interventions carried out by a broad spectrum of individuals for a wide variety of complaints. For the purposes of this study, treatment has been defined as interventions by individuals for specific medical roles, beyond those performed by named medical ‘professionals’, and therefore includes services such as midwifery or bone-setting.<sup>18</sup> In addition to these roles performed by individuals within the parish, institutional care is also considered within the remit of this study to constitute treatment, on the grounds that although the parish is ostensibly subcontracting the treatment of the sick out to a ‘professional’ body of individuals, these medical alternatives rarely exceeded a paid sabbatical for the sick, with minimal professional intervention.<sup>19</sup>

The category of nursing presents fewer definitional problems, and as Lane has argued, ‘charges for nursing or attendance are amongst the commonest of all payments in Old Poor Law accounts’.<sup>20</sup> Although the varied terminology used within parochial accounts may pose certain problems, it is understood that terms such as ‘assisting’ and ‘attending’ may be taken to mean nursing within its wider context. The most significant determinant of ‘nursing’ within the sphere of the parish however is that it constitutes the utilisation of non-medically trained personnel – invariably other paupers in receipt of relief themselves – for the performance of non-specific palliative care for the sick and infirm of the parish.<sup>21</sup>

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<sup>17</sup> The tradition of medical ‘altruism’ amongst practitioners may have meant that the consumption of ‘drugs’ by the sick poor may not have been underwritten by the parish in all cases. Refer to Digby, *Making a Medical Living*; Fissell, ‘The “Sick and Drooping Poor”’, esp. p. 38; A. F. J. Brown, *Essex at Work 1700-1815* (Chelmsford: Essex Records Office Publications no. 49, 1969), p. 142; Porter, ‘The Patient in England’, pp. 94, 100.

<sup>18</sup> Such forms of treatment were common exceptions to medical contracts. Williams, ‘Practitioners’ Income’, 159-186; Digby, *Making a Medical*, pp. 226-7

<sup>19</sup> Fissell in particular has argued that treatment within infirmaries rarely involved any degree of intensive physical intervention. Fissell, ‘The “Sick and Drooping Poor”’, 35-58.

<sup>20</sup> J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 127.

<sup>21</sup> See for example Williams, ‘Practitioners’ Income’, esp. p. 161, and A. Wear, ‘Caring for the Sick Poor in St. Bartholomew’s Exchange: 1580 -1676’, in W. F. Bynum and R. Porter (eds), ‘Living and Dying in London’, *Medical History*, Supplement 11, (1991), 41-60, esp. pp. 45-53.



Like nursing, cash disbursements to the sick poor are one of the most self-explanatory mechanisms of medical relief. Within the broad definition of medical relief that this study adopts, payments made in hard cash in order to relieve sickness also encompasses those disbursements that are made to individuals that are identifiable as kin within parochial accounts. As sickness impacted upon the wider familial economy of makeshifts, the distribution of cash to individuals other than those who are directly identifiable as sick was entirely explicable if the wider family were not to be rendered destitute as a consequence. In addition to basic cash disbursements, recognition also has to be made of the expenditure patterns which exist within the distribution of pensions within the parish. Although pensions *per se* are not included within the calculation of medical relief, it is clear that recognised sickness episodes can result in fluctuations of pension levels paid to individuals. Consequently, where such fluctuations are evident, the increase in pension – as opposed to the whole pension that is associated during an identifiable sickness episode – has been included within the overall cash expenditure calculations.

As annual rent payments constituted a real burden to the poor, any impairment of the ability to labour would necessarily impact on the ability of the poor to accumulate a sufficient financial surplus, rendering them unable to meet these obligations. Parish accounts reflect the burden that these annual demands placed upon the poor, and it is not uncommon for the final accounting month in particular to comprise numerous payments of rent.<sup>22</sup> Given such tendencies, only payments of rent that can be linked to individuals in receipt of sick relief during the year in question have been included in the overall calculations. Although this often constitutes a fraction of the overall annual rent subsidy that existed within the local parish, it nevertheless often represents a significant proportion of the overall sick pauper population for any given year.

Although cash payments have formed the obvious focus when attempting to gauge expenditure levels, the utilisation of what may be termed ‘payment in kind’

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<sup>22</sup> King argues that both the benevolent southern and harsh northern Poor Law regimes came to ‘pay the rent of more people in the late eighteenth century than it ever had before, and pay those rents in full rather than in part, as had been the case previously’. King, *Poverty and Welfare*, p. 88. This practise was clearly commonplace in Oxfordshire, with Okeden stating in his report to the Commissioners that the rent of the poor was ‘often paid by the parish’. *Report from His Majesty’s Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (A.), Reports of Assistant Commissioners, Part I* (1834), p. 2 a. For the longevity of this practice, refer to K. Wrightson and D. Levine, *Poverty and Piety in an English Village: Terling, 1525-1700* (London: Academic Press, 1979), p. 40.



was also a widespread practise during the tenure of the Old Poor Law.<sup>23</sup> Whilst offering less flexibility than the simple cash payment, the provision of material goods still represented an important aspect of the overall package of care that was on offer to the sick poor. As parochial accounts testify, the sick poor could expect to be in receipt of an eclectic range of items which the local Poor Law authorities considered judicious to dispense in order to both relieve the material burdens that resulted from illness, and hopefully facilitate a more speedy recovery.<sup>24</sup> Clothing and shoes in particular were commonly dispensed by the local overseers, and often comprised the bulk of these payments in kind.<sup>25</sup>

Clearly, the parochial response to the needs of the sick poor during the Old Poor Law was often wide-ranging, and has informed the 'welfare state in miniature' paradigm. In an age devoid of a modern scientific understanding of disease and injury, death was an everyday companion to life, and given this reality it is little wonder that relief could literally stretch from the cradle to the grave.<sup>26</sup> As Elizabeth Hurren and King remark, the economic crisis of death often meant that 'meagre makeshift economies could not be stretched to fund a respectable independent burial', with the consequence that it was not unusual for the parish to underwrite much of the expense incurred in the rituals of death.<sup>27</sup> Consequently, the provision of shrouds, laying out expenses, coffins, fare for the wake, as well as other associated costs often represented a significant outlay for the parish.<sup>28</sup>

Beyond the specifics of medical relief highlighted above, there remains however elements of parochial support that do not easily fall within any of the

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<sup>23</sup> Smith, 'Ageing and Well-Being', pp. 64-95, esp. Tables 4.4 (a) and 4.4 (b), pp. 72-3; King, *Poverty and Welfare*, pp. 157-8.

<sup>24</sup> As Marland remarks, effective and even generous 'medical' relief interventions 'could prevent sick or injured persons from becoming a permanent burden on the poor rate', a view echoed by Dorothy and Roy Porter. Marland, *Medicine and Society*, pp. 67-8; Porter and Porter, *Patients Progress*, p. 8. For the centrality of such provision to the sick poor in Oxfordshire, refer to Beak, 'The Management of Poor Relief', esp. pp. 32-3; Howard-Drake, 'The Poor of Shipton under Wychwood', pp. 17-20.

<sup>25</sup> King, *Poverty and Welfare*, p. 158. The issue of clothing the sick poor will be considered in greater depth in subsequent chapters. For a concise introduction to the subject, refer to S. A. King, and C. Payne, 'The Dress of the Poor', *Textile History*, 33 (2002), 1-8.

<sup>26</sup> Although it is unusual for parish registers to record the cause of death, where such records exist, it is clear that sickness had the potential to be a key driver of mortality within parishes. See Appendix 1 for recorded deaths in Whitchurch, c.1770-1800.

<sup>27</sup> E. Hurren and S. A. King, 'Begging for a Burial: Form function and Conflict in Nineteenth Century Pauper Burial', *Social History*, 30 (2005), 321-341, esp. pp. 321-5.

<sup>28</sup> C. Gittings, *Death, Burial and the Individual in Early Modern England* (London: Croom Helm, 1984), p. 61. In addition to these payments, parish ledgers indicate that financial gratuities were often provided on the death of husbands, wives and children to surviving members of the (usually immediate) family.



categories that are utilised throughout the rest of the data collection. Expenses incurred in fetching doctors; correspondence concerning the out-parish sick; and for conveying the sick to therapeutic institutions for example are nevertheless important as they often form an almost invisible thread which binds more specific expenditure items together.<sup>29</sup> Given the often innocuous nature of much of this general *ad hoc* expenditure, the amounts that parishes expended on these sundry services is not always that remarkable when compared the general expenditure profile of the local Poor Law as a whole. However, when tracing expenditure upon individuals and their families as a consequence of sickness, it is apparent that these ill-defined expenses were often central to the overall welfare package that the parish felt compelled to muster when faced with ill-health within the parish. In the case of contagious diseases such as small pox for example, expenditure on lime and cleaning were essential components of what may be termed a ‘public health’ issue. The forms of expenditure that such circumstances elicit from the parish authorities are not in and of themselves purely medical, yet they underscore the comprehensive heights of support that the Old Poor Law could scale if the finances, sense of obligation, and inclination were present. The potential of these often vague expenditure items to shed pin-pricks of clarifying light upon the administrative wheels of parochial welfare policy therefore justifies their inclusion within the overall calculation and analysis of parochial medical relief expenditure.

Although it is clearly possible to deconstruct medical relief into separate and distinct base elements, there remains a real dearth of studies of the Poor Law *in situ* which adopt such a methodology. This is a serious shortcoming, for if the Old Poor Law is to move beyond the sea of supposition and generalisation that it has all too often found itself drowning in, the need for such local and ‘limited’ investigations based on what may be termed ‘first principles’ is all too apparent. Despite the expenditure categories employed for this study imposing somewhat artificial demarcations onto the relief process, such impositions are necessary if the history of medical relief within the parish is to be effectively reconstructed upon robust foundations.

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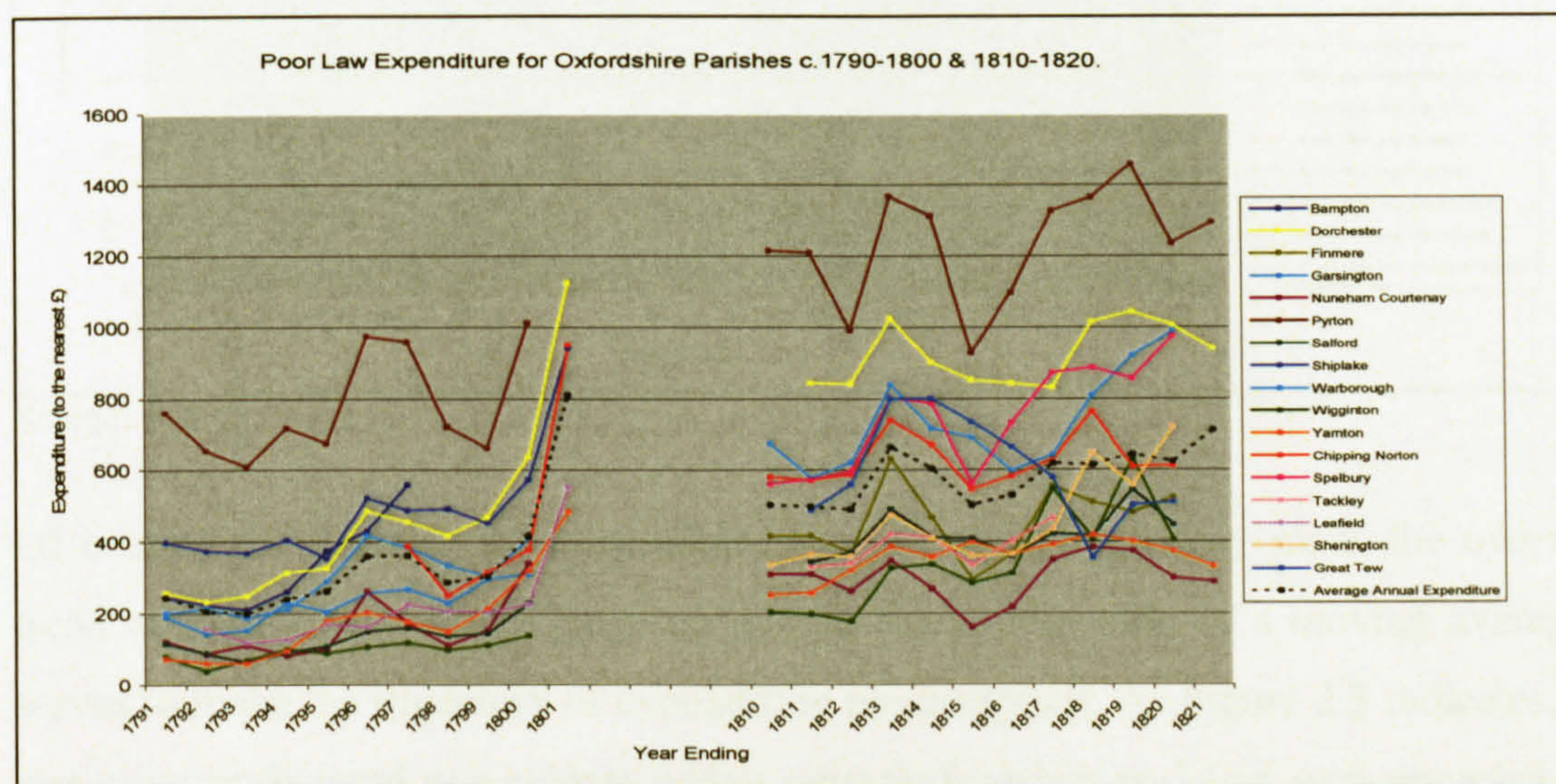
<sup>29</sup> For a breakdown of journeys undertaken by overseers in order to administer the Poor Law in Shipton and Leafeld, refer to Howard-Drake, ‘The Poor of Shipton under Wychwood’, Appendix D, p. 35. For journeys undertaken by doctors to treat the sick poor, see for example MSS.D.D.Par. Culham, d.1. October 13, 1813.



## Poor Law and Medical Relief Expenditure

Before the chapter focuses upon medical relief itself however, it is judicious to first locate this expenditure within a wider framework of Oxfordshire poor relief. Just as accountants today attempt to make sense of an organisation by means of close scrutiny of the 'books', so the historian of welfare has to adopt similar techniques when attempting to make sense of the minutia of parochial administration. Needless to say, the idiosyncratic accountancy practices adopted by parishes do not make quantification a straightforward process. In order to circumvent this weakness, the parishes which form the basis of the following data-sets are all possessed of substantive and detailed accounts for the periods covered by this study. In particular, the data-sets represent the decades 1790-1800 and 1810-1820: periods which witnessed growing relief expenditure and commensurate critiques, and which have been pointedly referred to as the 'crisis years of the Old Poor Law' by historians such as Peter Dunkley.<sup>30</sup>

Figure 2.2



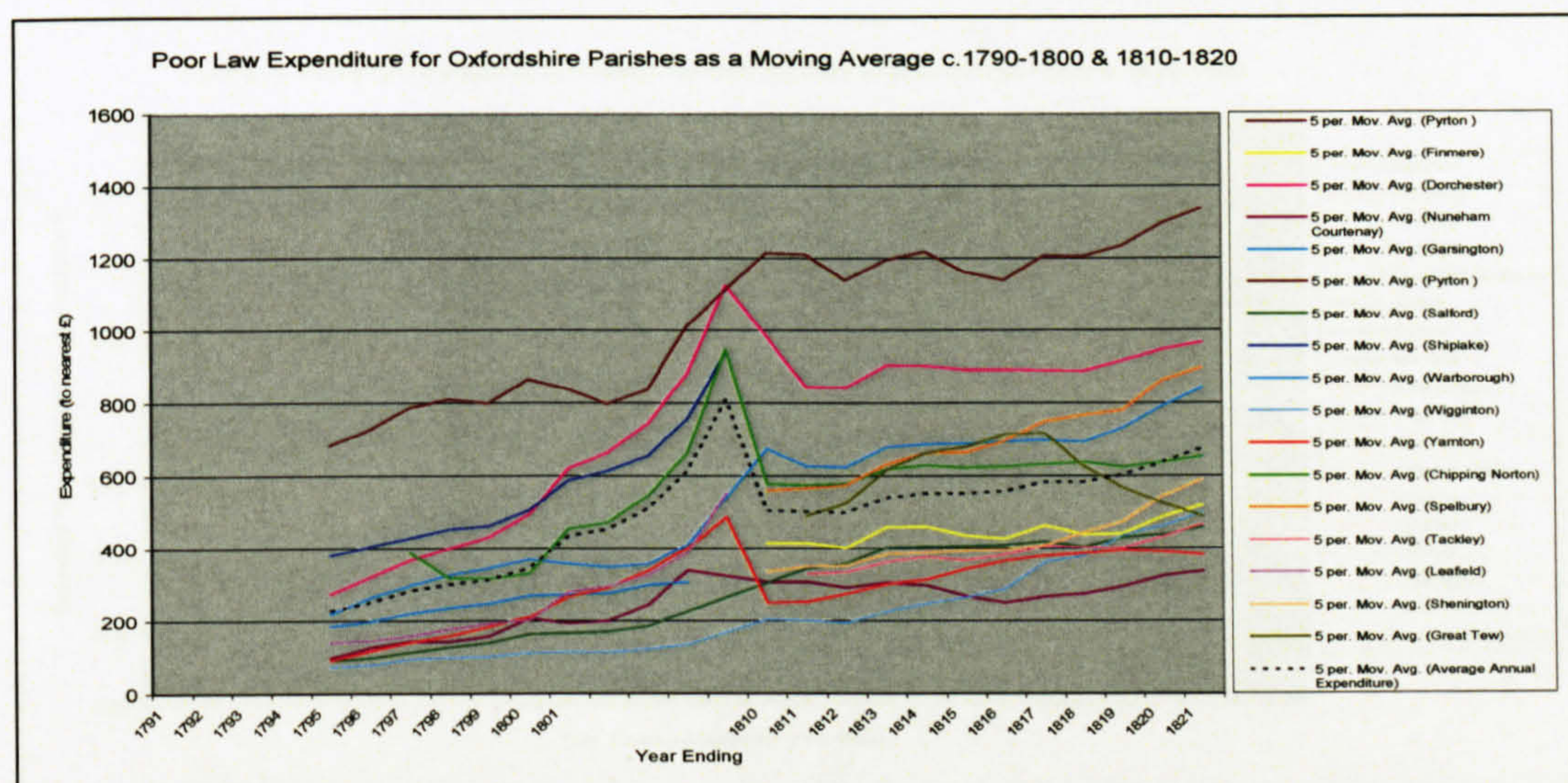
Source: O.R.O.

<sup>30</sup> P. Dunkley, *The Crisis of the Old Poor Law in England, 1795-1834: An Interpretive Essay* (New York: Garland, 1982). Such interpretations have gained significant purchase within the wider historiography, with Hollen-Lees similarly arguing that the legitimacy of the Poor Law was increasingly called into question. Dissenting voices are however evident, with Valenze in particular arguing that the poor during the period experienced a reinvigorated sense of legitimacy within the wider body politic. L. Hollen-Lees, *The Solidarities of Strangers: The English Poor Laws and the People 1700-1949* (Cambridge: Cambridge University Press, 1998), esp. pp. 82-111; D. Valenze, 'Charity, Custom and Humanity: Changing Attitudes Towards the Poor in Eighteenth-Century England', in J. Garnett and C. Matthew (eds), *Revival and Religion Since 1700: Essays for John Walsh* (London: Hambledon, 1993), pp. 59-78.



In terms of crude totals therefore, the expenditure profiles of parishes can be seen in Figure 2.2. Clearly, the expenditure profiles across the range of parishes vary widely – no doubt reflecting the characteristics and circumstances of individual parishes. Demography, topography, land utilisation and ownership were all factors which could determine the poverty landscape of any given parish – a reality which the local Poor Law had to be both aware of and responsive to.<sup>31</sup> Despite the parochial particularities that are evident within Figure 2.2, the significant point that emerges from the data is that the spread of parishes across the expenditure range was more marked during the latter period, as was the number of parishes which exceeded expenditure of over six hundred pounds per-annum.

Figure 2.3



Source: O.R.O.

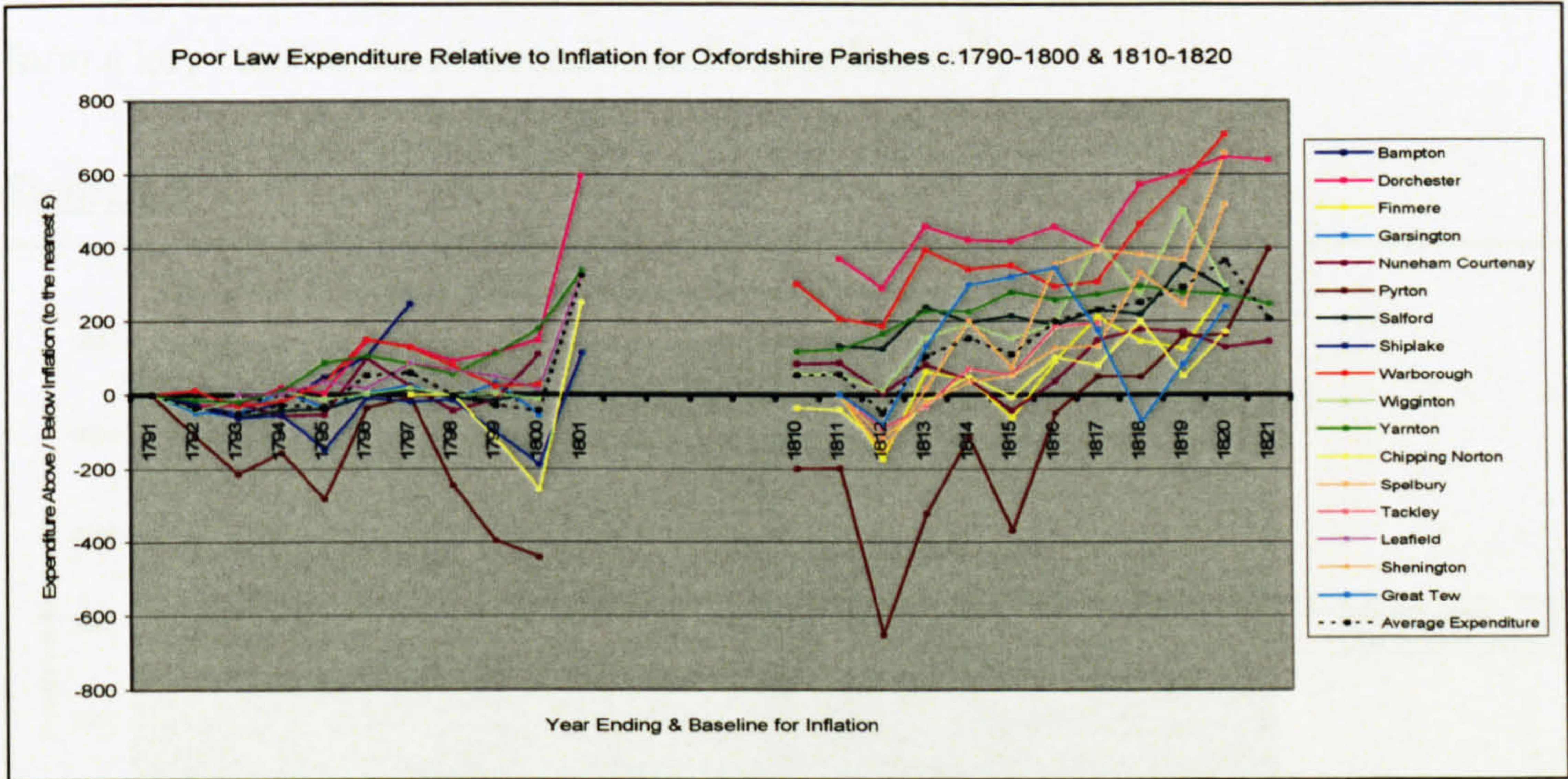
Of course, the tendency of expenditure to peak and trough may mask the overall trend of expenditure within parishes, and so the employment of a moving average serves to make the trajectory of expenditure more explicit. As Figure 2.3 indicates, a steady upwards trend was evident within most Oxfordshire parishes, with remarkable uniformity particularly evident within parishes spending approximately under £200

<sup>31</sup> P. A. Fideler, *Social Welfare in Pre-Industrial England. The Old Poor Law Tradition* (Basingstoke: Palgrave Macmillan, 2006), pp. 192-3. This is clearly demonstrated by Nuneham Courtenay and Dorchester, both situated in the south of the county bordering Berkshire. Although the trend of expenditure within the parishes is remarkably similar, it is equally clear that in terms of absolute expenditure the two parishes existed at opposite ends of the spectrum. Whilst Nuneham expended a mere £340 for the year ending 1800, its close neighbour felt compelled to dispense relief to the tune of £1125, with the figures for the year ending 1820 an equally disparate £286 and £940 respectively. In terms of per-capita expenditure however, Nuneham exceeded Dorchester by almost fifty percent in 1800, before returning to near parity in the years 1810 and 1820. PAR/87/5/A1/3-4; PAR/187/5/F1/1.



per-annum by 1795. Although overall sums spent by these parishes increased over the course of the period, such increases were essentially moderate and gradual. For parishes expending over £200 per-annum in 1795 however, the trend was more marked, with steep increases evident almost exclusively for these parishes as the 1790's drew to a close. However, as Figure 2.3 clearly shows, much of this growth failed to be repeated during the 1810's, with only Pyrton, Spelbury and Warborough displaying any degree of growth consolidation throughout the entire period.<sup>32</sup> What both Figures 2.1 and 2.2 indicate above all however, is that parishes appeared to be expending more money in absolute terms on the relief of the poor by the end of the period.<sup>33</sup>

Figure 2.4



Source: O.R.O.

Despite these observations, it is crucial to further contextualise these relief profiles. Expenditure, then as now, must always be relative to the cost of living, and as such, when inflation is taken into account, the position of the poor and the sick within local welfare regimes comes more sharply into focus. Figure 2.4 confirms that increases in absolute spending were indeed ‘real’ when inflation is taken into account.<sup>34</sup> What

<sup>32</sup> MSS.D.D. Par. Pyrton, c.4-5; c.7; PAR/246/5/F1/3; MSS.D.D. Par. Warborough, b.5-6; PAR/87/5/A1/4.

<sup>33</sup> The possible exception to this rule is Great Tew, which never saw expenditure return to the 1813 levels of £802, and instead witnessed a marked reduction, reaching £357 by 1818, before exiting the period with a slight ‘recovery’ to £512 – a reduction in absolute expenditure of over a third in less than a decade. PAR/271/5 F1/1-2.

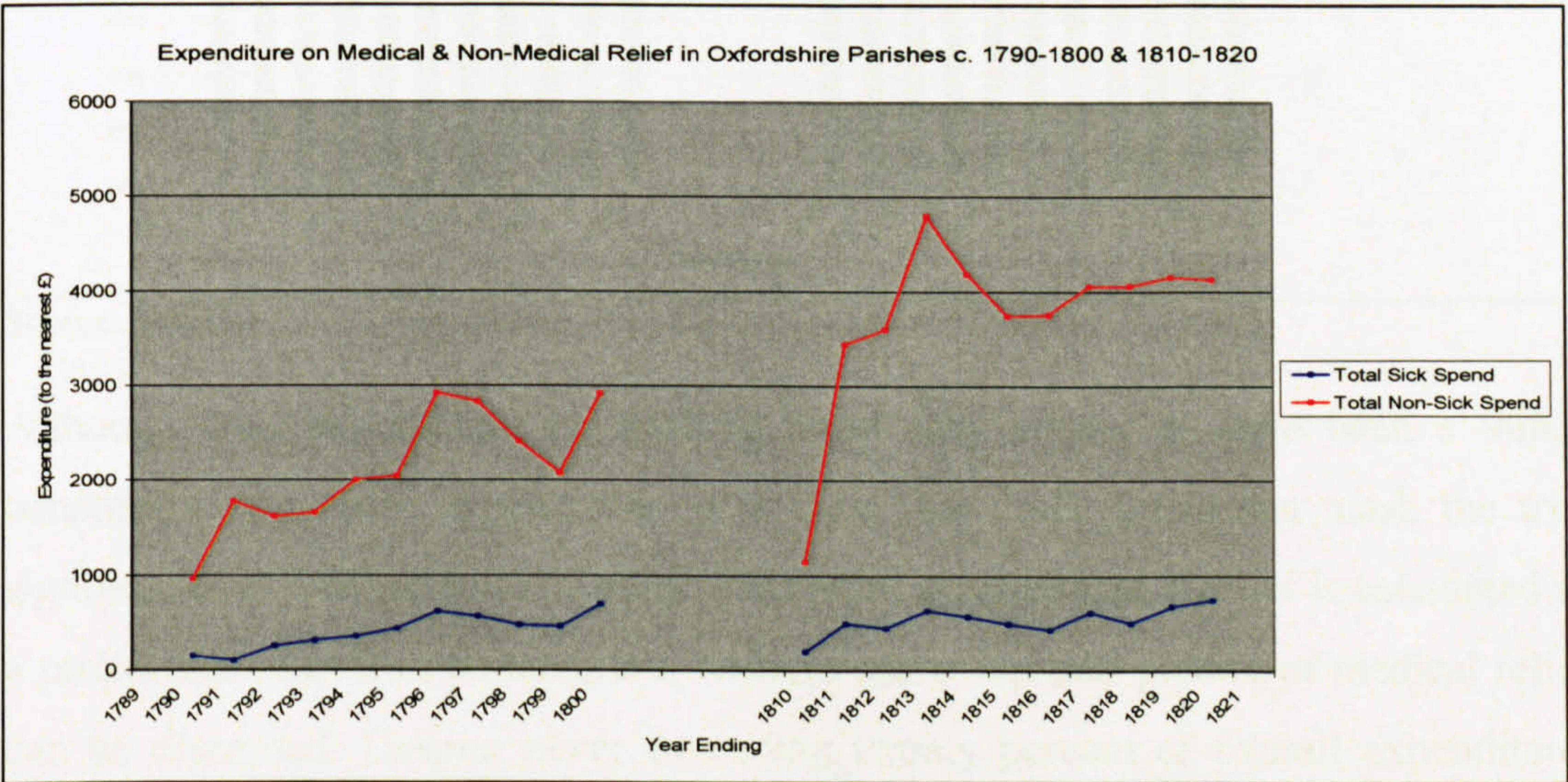
<sup>34</sup> The interesting exception to this appears to have been Pyrton, which although consistently the highest spending parish throughout the periods 1790-1800 and 1810-1820, nevertheless fails to keep expenditure in line with inflation until the year ending 1817.



emerges from Figure 2.4 is an interesting picture of the central role that the Poor Law increasingly played within communities, with a real and sustained growth in expenditure evident within most parishes, indicating that the local tax base was bearing an ever greater financial burden in order to maintain the poor of the parish.

If the general trend for overall expenditure on the local Poor Law was characterised by a fluctuating, though nevertheless upward trend, to what extent was sickness a key driver of Poor Law expenditure within parishes? As even architects of the 1834 Amendment Act such as Nicholls acknowledged, sickness could not easily be dismissed as personal failing on the part of the poor, and as a result, expenditure upon the sick poor was recognised as ‘legitimate’.<sup>35</sup> The ‘privileging’ of sickness from the birth of the Elizabethan Poor Laws up to and beyond their nineteenth century successor therefore implies that medical relief may have had the potential to form a key constituent of overall relief expenditure.<sup>36</sup>

Figure 2.5



Source: O.R.O.

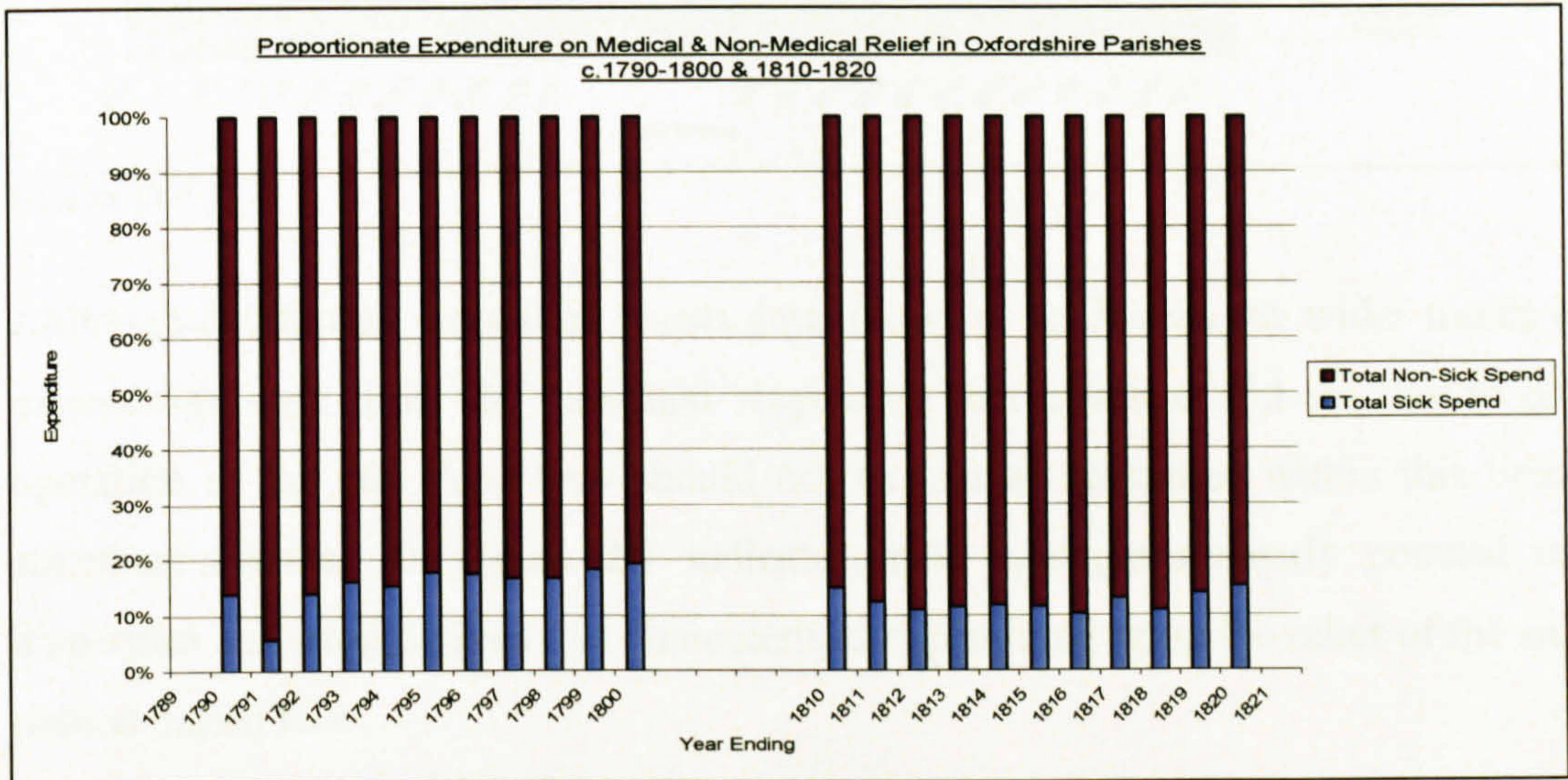
To what extent is there any evidence that this was the case in Oxfordshire during the late eighteenth and early nineteenth centuries however? Richard Dyson’s research into the poor of Oxford City for example has demonstrated the significance of illness

<sup>35</sup> Nicholls, *A History of the English Poor Law*, p. 366.  
<sup>36</sup> Pelling has argued that although sickness placed significant demands on the Poor Law, it was nevertheless considered a ‘worthy’ form of poverty. M. Pelling, ‘Illness among the Poor in an Early Modern Town: The Norwich Census of 1570’, *Continuity and Change*, 3 (1988), 273-90.



within local relief administrations.<sup>37</sup> The picture for the wider county was somewhat less marked however. As Figure 2.5 indicates, expenditure upon medical relief across the sample parishes never exceeded £750 over the period of the study, and for thirteen years never exceeded £500 per-annum. In brief terms, the relief of the sick poor did not appear to place undue financial strains upon parochial administrations, and moreover failed to keep track with the overall rise in the cost of non-medical related relief over the course of the period under consideration.

Figure 2.6



Source: O.R.O.

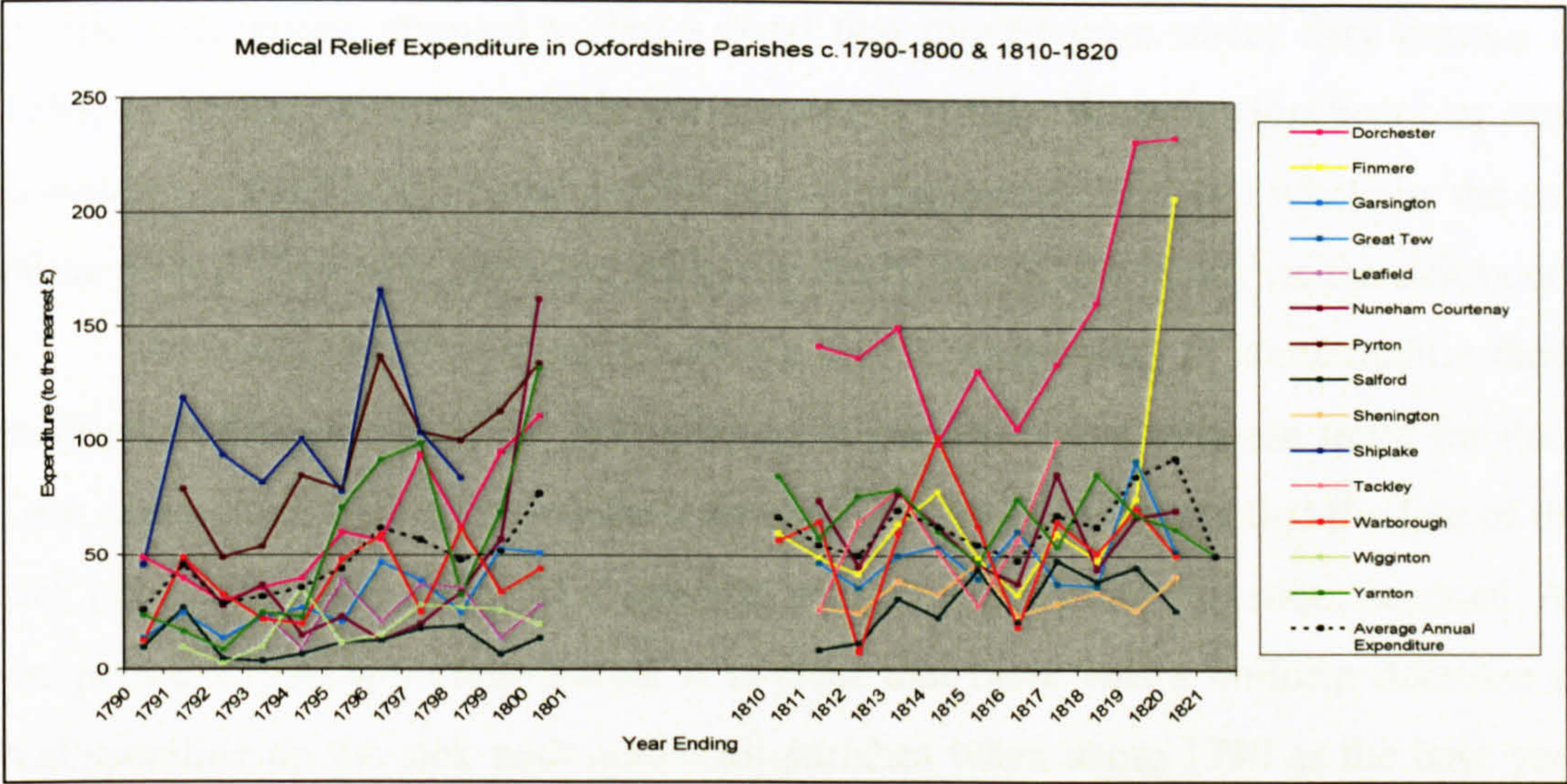
Although total expenditure on medical relief may appear to have been a minor constituent of overall expenditure, it is clear that crude totals can mask the true significance of various form of relief. This point is reinforced if relief is calculated as a proportion of overall expenditure, where a more nuanced picture of medical relief can be discerned. Despite never exceeding twenty percent of overall expenditure, Figure 2.6 indicates that the proportion spent on the relief of the sick poor remained remarkably stable.<sup>38</sup>

<sup>37</sup> R. Dyson, ‘Who Were the Poor of Oxford in the Late Eighteenth and Early Nineteenth Centuries?’, in A. Gestrich, S. King and L. Raphael (eds), *Being Poor in Modern Europe. Historical Perspectives 1800-1940* (Oxford: Peter Lang, 2006), pp. 52-3. Around half of all claims granted in 1785, and over a third in 1831, were sanctioned on the grounds of ill-health in the parish of St. Giles Oxford. For a full breakdown of the recorded reasons for poor relief applications, refer to Figure 2.6, p. 53

<sup>38</sup> Although disaggregated into irregular payments in cash and in kind, King’s findings for Essex are not dissimilar to these figures. King, *Poverty and Welfare*, Figures 6.4 and 6.5, p. 157. Whether such a profile is indicative of a fundamental relationship between medical and general relief expenditure is of course hard to state with any degree of certainty, although such consistency may point to such a conclusion.



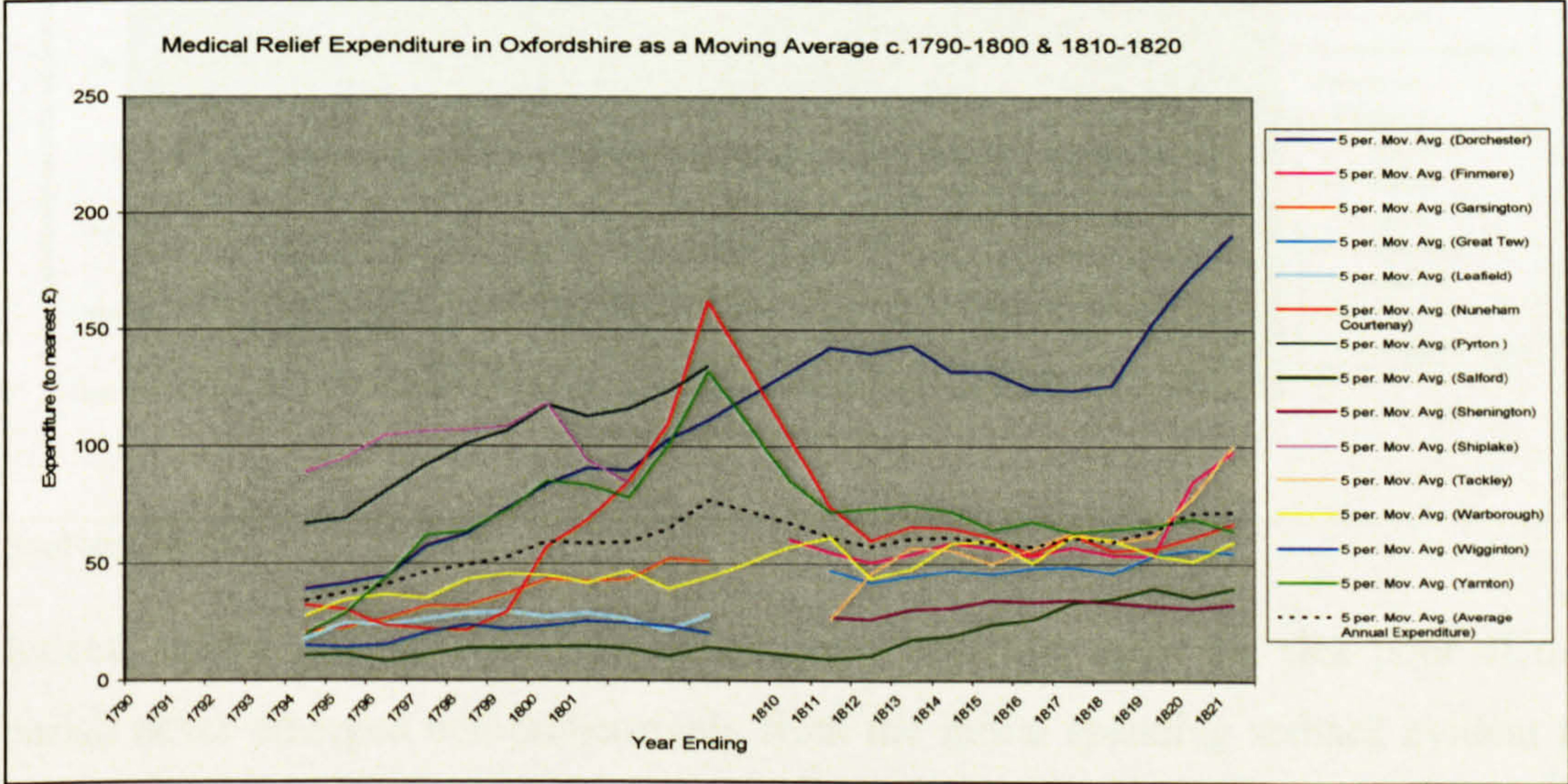
Figure 2.7



Source: O.R.O.

Although combining individual parish data allows us to discern the wider trends in expenditure over time, the parochial singularity that characterised the day to day operation of the Old Poor Law should not be lost or subsumed within this broad statistical canvas. As Figure 2.7 indicates, neat aggregates clearly conceal the disparities and irregularities that characterised expenditure upon the relief of the sick poor at parish level.

Figure 2.8



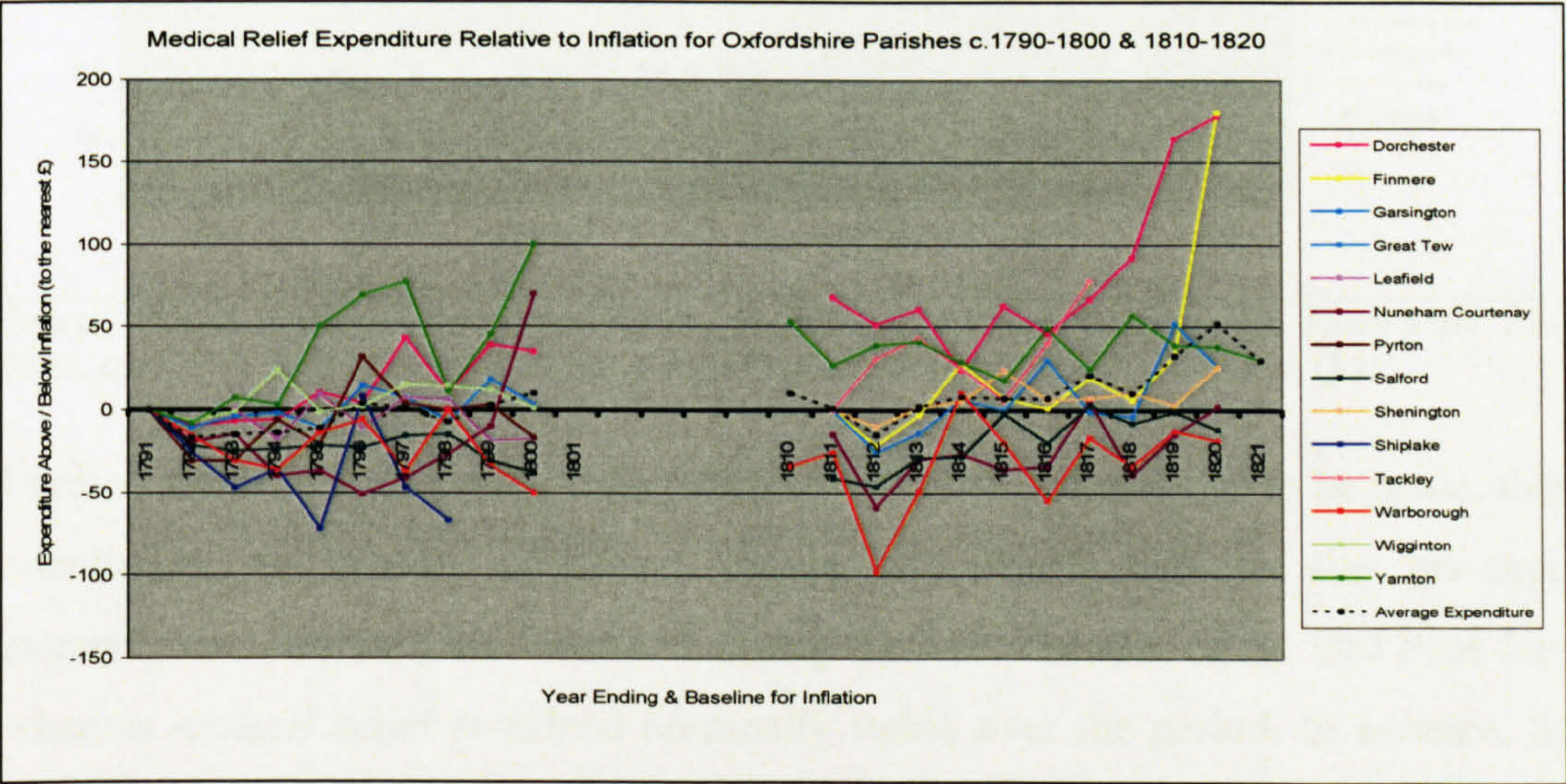
Source: O.R.O.



However, when a five year moving average is introduced, a fairly stable expenditure profile re-emerges, grouped within a band that moved from under fifty pounds in 1794, to around seventy pounds per-annum by 1820. What is significant to note however is that although parishes were spending more on relief as a whole by the end of the period, they were spending proportionately less of this outlay on the sick poor.

As with overall poor relief expenditure, it is necessary to contextualise these profiles. Although Figure 2.4 has indicated a general above inflation trend for Poor Law expenditure within Oxfordshire parishes, Figure 2.9 suggests that the fate of the sick poor during this period of expanding welfare expenditure was more nuanced. As the period 1790-1800 commenced, it is clear that there was a uniform decrease in real spending on the sick poor across all parishes when using 1790 as the base year for inflation calculations. Despite this early setback for the sick poor however, it is equally clear that the spending profiles across the range of parishes diverge after this initial uniformity, resulting in disparate and fluctuating expenditure both above and below inflation throughout the remainder of the period.

Figure 2.9



Source: O.R.O.

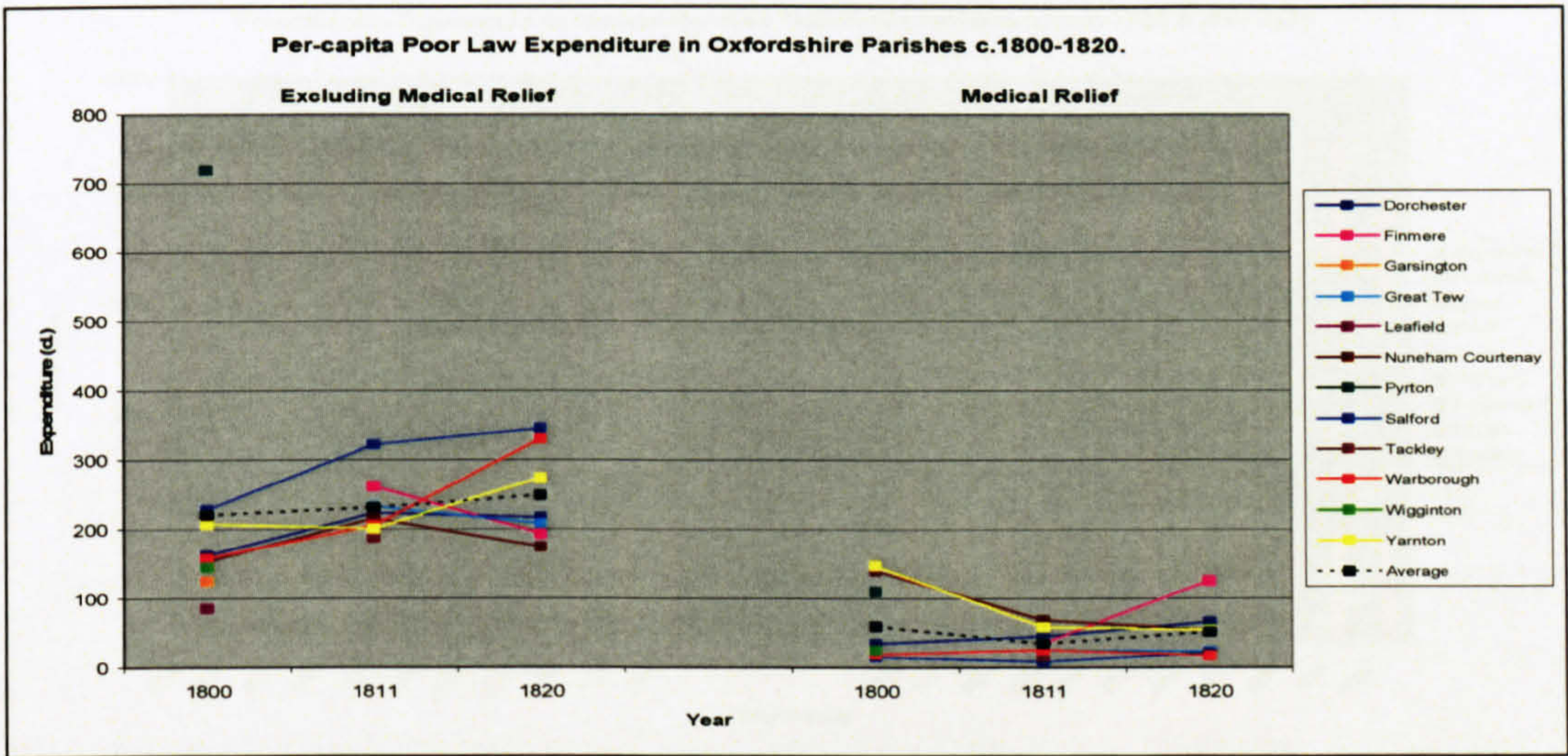
Indeed, unlike general Poor Law expenditure, spending upon the sick poor of the parish never emerged comprehensively from the initial spending setback evident at the outset of the period. Although parishes such as Yarnton, Wigginton and Dorchester staged recoveries which saw them establish consistent above inflation expenditure profiles, with Finmere and Tackley joining them in this upward trajectory during the period 1810-1820, it is evident that expenditure upon the sick



poor was often marginalised in the allocation of parochial welfare resources. The years 1790-1800 for example saw all ten parishes witness periods of below inflation spending upon the sick poor, a trend moreover which was not entirely reversed in the period 1810-1820.

Two core generalisations therefore emerge from the expenditure profiles outlined above. Whereas expenditure upon poor relief witnessed a slight proportionate increase, with a commensurate above inflation allocation, medical relief conversely experienced a nominal proportionate decline and struggled to attract real increases in expenditure over the period.

Figure 2.10



Source: O.R.O; *Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821, and 1831; with the Annual Value of Real Property in the Year 1815* (London: 1831).

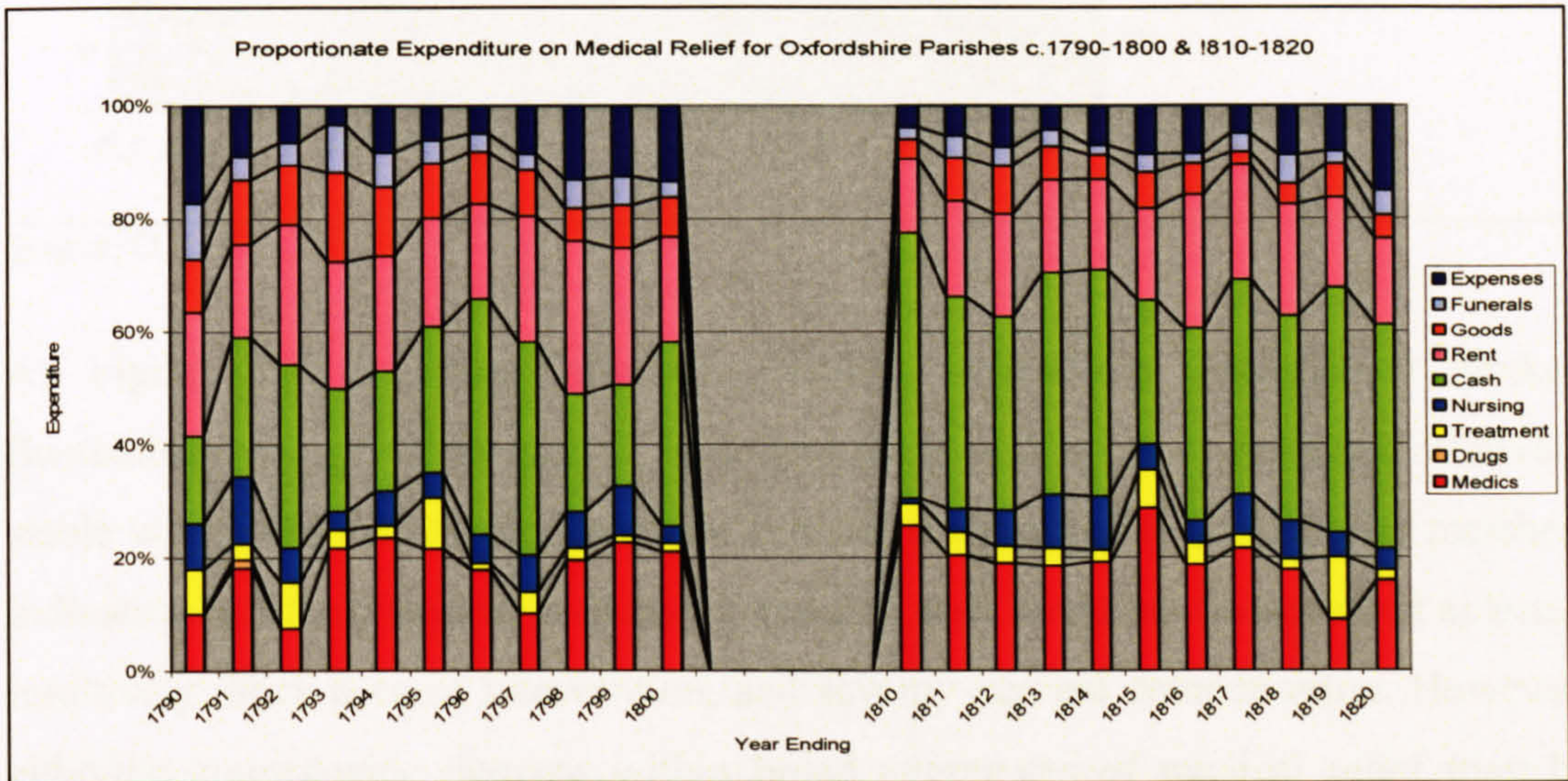
Further, when reliable census data permits per-capita comparisons to be made, these conclusions are broadly confirmed. Figure 2.10 clearly indicates that per-capita expenditure upon the poor increased during the final decades of the Old Poor Law, whereas medical relief remained nominally stable over the period. In essence, this indicates that the Poor Law was indeed devoting ever greater resources towards the maintenance of the poor both collectively and as individuals, suggesting that during the ‘crisis years’ the Poor Law was increasingly interventionist and residualist in nature. Despite these observations, it is important to note that medical relief maintained a degree of core funding throughout the period, suggesting that although marginalised by wider structural poverty, the sick poor and their relief nevertheless retained a degree of legitimacy throughout the period.



Medical Relief in Oxfordshire

Having established what parishes were devoting in broad financial terms to medical relief, it is necessary to sharpen the focus of the study in order to identify how this expenditure was disaggregated in order to best meet the needs of the sick poor. As indicated, medical relief can be seen as comprising many constituent parts, ranging from ‘professional’ medical interventions to the provision of household goods and rent contributions. A brief resume of the expenditure profile of medical relief across Oxfordshire parishes is provided in Figure 2.11 below.

Figure 2.11



Source: O.R.O.

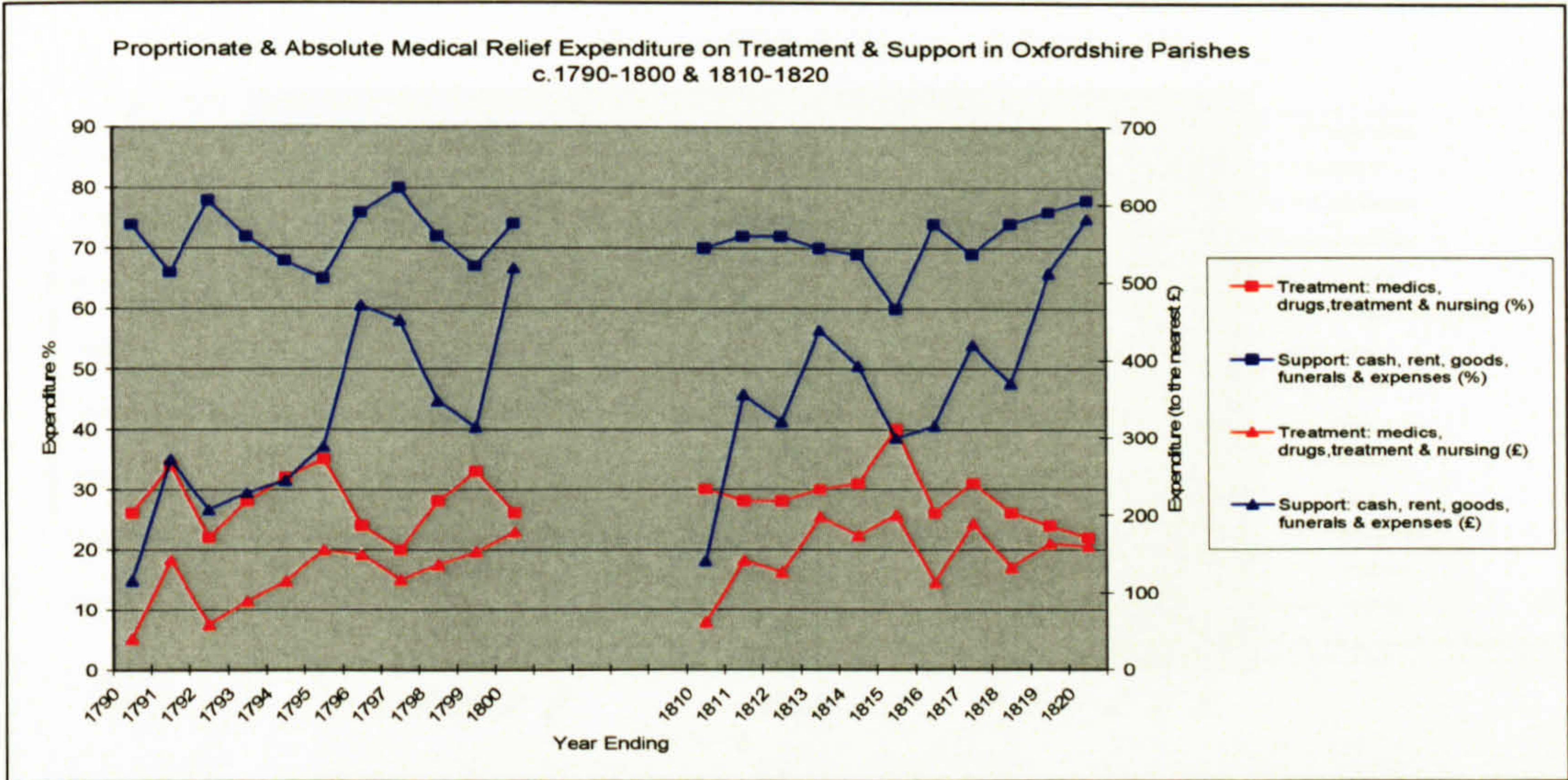
What emerges from such aggregate profiles is that although comprised of many divergent, though inter-dependant forms, medical relief may, as Marshall noted, ‘be divided into two parts – actual relief and maintenance during the illness, and the provision of medical aid’.<sup>39</sup> To consider relief as being composed of two different yet complementary facets may therefore shed light on how relief was both perceived and formulated during the Old Poor Law. If the more ‘medical’ and formal types of intervention can be considered as representing the ‘treatment’ of the sick poor, and the more informal and peripheral aspects of relief such as cash payments and funeral expenses representing the ‘support’ of the poor during sickness through to death, it is

<sup>39</sup> D. Marshall, *The English Poor in the Eighteenth Century. A Study in Social and Administrative History* (New York: Augustus M. Kelly, 1969), pp. 115.



possible to discern interesting relationships between these two characterisations of relief, both in terms of proportionate and absolute expenditure.

Figure 2.12



Source: O.R.O.

As Figure 2.12 indicates, although absolute expenditure experienced marked fluctuations throughout the period, both ‘treatment’ and ‘support’ remained relatively stable within the overall proportionate expenditure profile for Oxfordshire parishes, indicating that the parochial response to the sick poor could be characterised as being intuitively thirty percent intervention, and seventy percent compensation. However, although county-wide patterns within broad aggregates of medical relief may be discerned, to what degree are such similarities evident within individual parishes across the broad spectrum of medical relief delivery? In order to address this question, it is necessary to focus in upon the architecture of medical relief within our sample parishes and consider in greater detail the often disparate elements that coalesced in order to meet the medical needs of the sick poor of Oxfordshire.

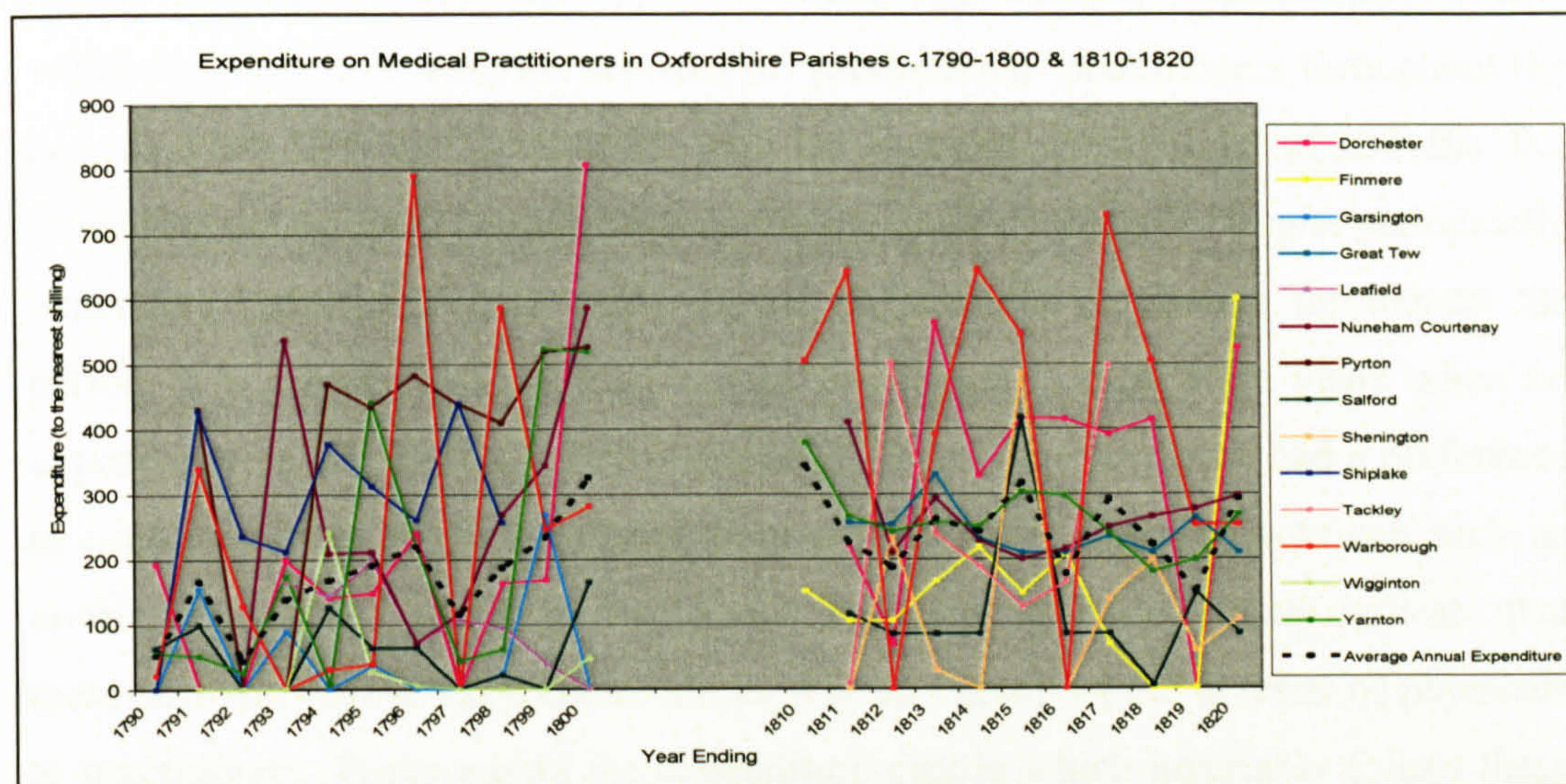
### Medical Practitioners

The utilisation by the parish of what may be termed ‘professional’ medical practitioners to address episodes of sickness within the parish represented around twenty percent of total medical relief expenditure when viewed across the range of Oxfordshire parishes, lending weight to the argument that ‘professional’ practitioners



claimed a significant share of the resources devoted to the treatment of the sick poor during the period.<sup>40</sup>

Figure 2.13



Source: O.R.O.

Although displaying clear fluctuations, the centrality of the ‘medical’ response to pauper sickness is borne out within the parochial returns for Oxfordshire. The parish of Yarnton for example resorted to the ‘expertise’ of the medical profession throughout the period, establishing it as one of the main expenditure items for the relief of the sick poor.<sup>41</sup> Warborough meanwhile was not only expending large sums on procuring the services of doctors, but also averaged proportionate expenditure of over thirty percent throughout the period, which far exceeded the county average of around ten percent per-annum.<sup>42</sup> Great Tew similarly witnessed a fairly stable expenditure profile with regard to the utilisation of medical practitioners, averaging over twenty-percent of annual expenditure, which ranked as second only to cash disbursements as a proportion of overall expenditure on the relief of the sick poor.<sup>43</sup>

Such allocations were however exceptions to the rule, with Garsington for example registering no expenditure upon medical practitioners for six of the twelve

<sup>40</sup> See for example Porter and Porter, *Patients Progress*, pp. 131-2; Williams, ‘Practitioners’ Income’, esp. pp. 160-61; Tomkins, ‘Paupers and the Infirmary in Mid-Eighteenth-Century Shrewsbury’, *Medical History*, 43 (1999), 208-227, esp. pp. 214-16. The issue of medical practitioners and their relationship with the local Poor Law is discussed in greater depth in the following chapter.

<sup>41</sup> MSS.D.D. Par. Yarnton b.9-10.

<sup>42</sup> MSS.D.D. Par. Warborough, b.4-6.

<sup>43</sup> PAR/271/5 F1/1-2.



years between 1789 and 1800.<sup>44</sup> Indeed, even within individual parishes proportionate expenditure could swing wildly, with Leaffield witnessing a marked decline from the remarkable high of over eighty percent in the year ending 1794, to around fourteen percent by 1799.<sup>45</sup> Warborough likewise experienced extreme volatility when procuring the services of ‘professional’ practitioners throughout the periods 1790-1800 and 1800-1820, with for example, 1796’s total of £39 10s. 0d. exceeding the combined expenditure of the previous six years.<sup>46</sup> Despite periodically expending remarkably high sums on the engagement of doctors throughout the period, it is equally evident that – as in Garsington – there were years when no expenditure on this type of relief is recorded. Given that the parish had a preference to contract out its medical services from at least 1796 onwards, how can such an erratic expenditure profile be explained? Parochial accounts clearly indicate that these periodic dips in expenditure are largely as a result of the deferral of payments to practitioners. Peaks within the expenditure profile which invariably follow these suspended payments clearly accord with the entries in the overseers accounts, which explicitly state that large payments in, for example in 1817, represent the settling of both current and outstanding medical bills.<sup>47</sup> In terms of the pattern of expenditure therefore, overseers’ accounts indicate that it is the medical contract itself – and more precisely the late settling of these annual bills – that give so many parishes such extreme expenditure profiles.

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<sup>44</sup> MSS. D.D. Par. Garsington, b.11. This was not uncommon, with Warborough, Salford, Shenington and Wigginton similarly recording years of zero expenditure upon ‘professional’ medical practitioners. PAR/87/5/A1/3-4; MSS. D.D. Par. Salford, b.7-8; MSS.D.D. Par. Shenington, b.3-4; MSS.D.D. Par. Wigginton, b.8. It should be noted that the utilisation of practitioners did not always equate with prompt payment, so in a strict sense, the expenditure profiles reflect patterns of payment, rather than utilisation. This may adversely affect the sums which appear in parish accounts, and their chronology. For the issue of irregular payments to practitioners, refer to J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 18; I. Loudon, ‘The Nature of Provincial Medical Practice in Eighteenth-Century England’, *Medical History* 29 (1985), 1-32, esp. p. 6; King, *A Fylde Country Practice*, pp. 66-98.

<sup>45</sup> MSS. D.D. Par. Leaffield b.2.

<sup>46</sup> MSS.D.D. Par. Warborough b.4-6.

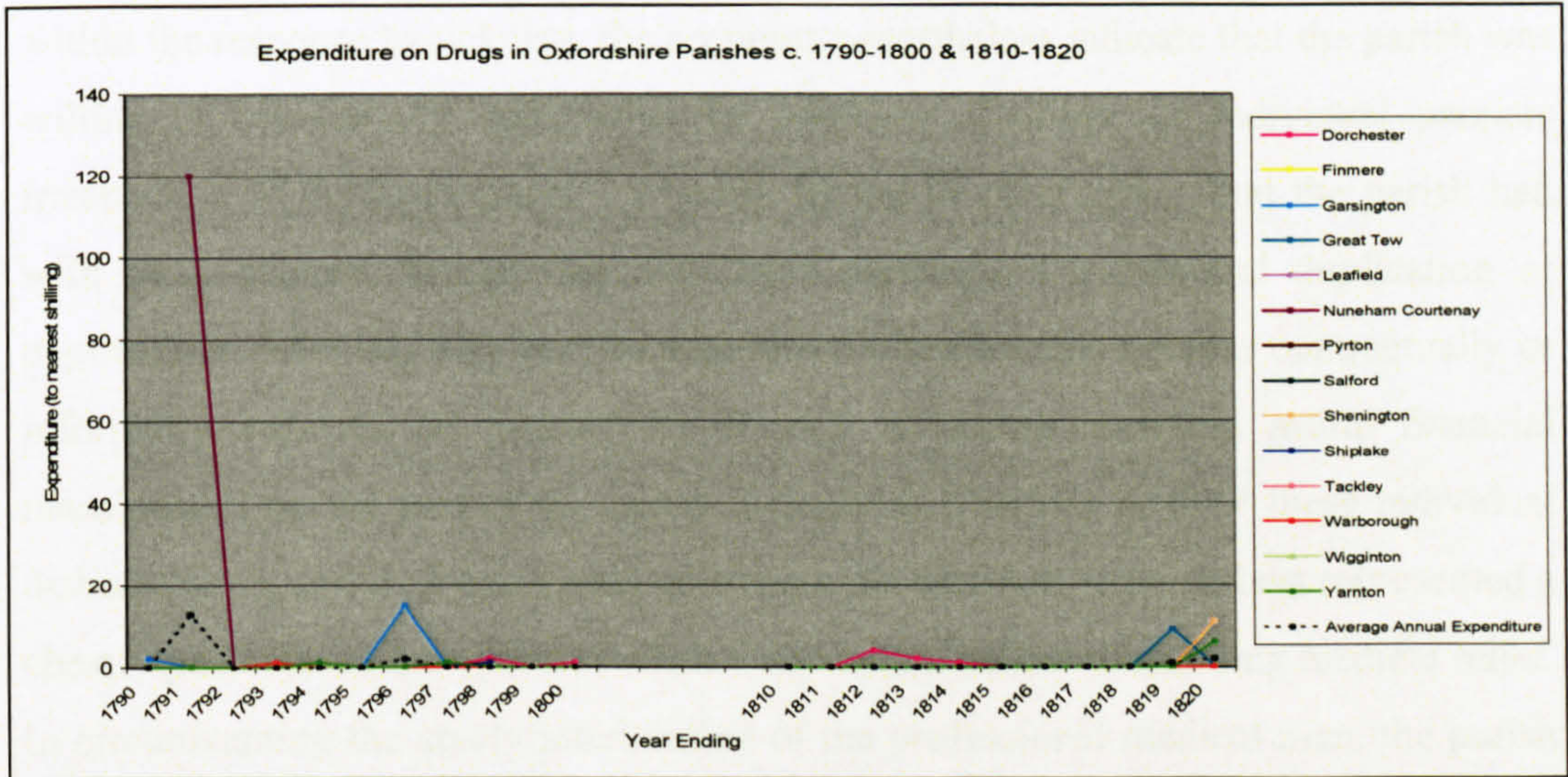
<sup>47</sup> MSS.D.D. Par. Warborough, b.6.



Drugs

Although Figure 2.11 has indicated that aggregate parochial expenditure upon drugs as a proportion of all medical relief disbursed was limited, to what extent was this pattern of minimal spending replicated across the sample of parishes? In absolute terms, Figure 2.14 would appear to confirm that when considered as individual dispensing entities, Oxfordshire parishes did not overly indulge in the direct granting of, or indirect payment for drugs when dealing with the problem of individual cases of sickness.

Figure 2.14



Source: O.R.O.

With the ‘peak’ in expenditure occurring in Nuneham Courtenay for the year ending 1791 on account of ‘Mr Evines’s Bill for Drugs’ to the tune of £6. 0s. 0d., and lesser spikes evident such as Garsington’s outlay of fifteen shillings for ‘Pills’ in 1796, it is evident that such forms of expenditure were marginal in terms of both frequency and cost.<sup>48</sup> Moreover, where other spikes were evident, such disbursements were often limited to individual paupers, and represented what may be termed a repeat prescription, with, for example, Great Tew paying three shillings to the Radcliffe Infirmary in order to secure ‘Medecens’ for Mary Pratt on three separate occasions in the year ending 1819.<sup>49</sup> Whilst this may indicate a (relatively) long term commitment to the remedy of Mary Pratt’s ailments on the part of the parish, when viewed within

<sup>48</sup> PAR/187/5/F1/1; MSS. D.D. Par. Garsington, b.11.

<sup>49</sup> PAR/271/5/ F1/2.



the wider context of parochial dispensing policy, these limited payments represent the total sum expended on identifiable drugs for the poor for the entire year, which was itself an anomaly in terms of its unusually high level of expenditure for this form of relief. Of course, these payments recorded in the parish accounts only represent isolated or individual *ad hoc* disbursements, and ignore the role that the dispensing of drugs must surely have played within the wider sphere of medical relief. For example, parish doctors – whether operating under a contract or on an ‘as and when needed’ basis – would have regularly prescribed and dispensed drugs to the sick poor of the parish, and this can be seen within the bills that were presented to the overseers and which are preserved within the archive.<sup>50</sup>

Although undoubtedly under-estimating the prominence that drugs played within the response to sickness, the accounts nevertheless indicate that the parish was willing to occasionally underwrite the purchase of drugs for individual paupers irrespective of the agreements – whether formal or otherwise – that the parish had with local doctors. Whilst this may have represented a potential duplication of expenditure (after all, why pay for something when someone else is contractually or informally expected to provide it), it may in reality represent astute financial management on the part of the parish authorities. The low level of these individual disbursements and their associated costs may indicate that these outlays represented a cheap ‘quick fix’ to the overseer when faced with a pauper demanding medical relief. In circumventing the costly intervention of the professional medical man, the parish may have been limiting the long-term financial obligation that such sickness episodes potentially represented. Indeed, the purchase of cheap patent medicines such as the ‘Bottle of Daffys for Eliz Cobb’ in Dorchester, the ‘Daffys & Jalop for Edward Goodenough’ in Warborough, or the ‘Box of medicine for Amy Chayne’ in Shiplake surely represented an economical means by which to satisfy both the needs of paupers and the demands of ratepayers.<sup>51</sup>

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<sup>50</sup> Doctor’s bills abound within the parochial archive. See for example MSS.D.D. Par. Middleton Stoney, e.5 (bills 1-3); MSS.D.D. Par. Northmoor, b.1, Item b, MSS.D.D. Par. Culham, d.1; PAR/36/5/F2/1; MS.D.D. Par. Adderbury, b.24, Item h, 48, 49, 51, 57, 57, 64, 89, 106, 108; MSS.D.D. Par. Wigginton, c.3; MSS.D.D. Par. Warborough, c.6, Item a.

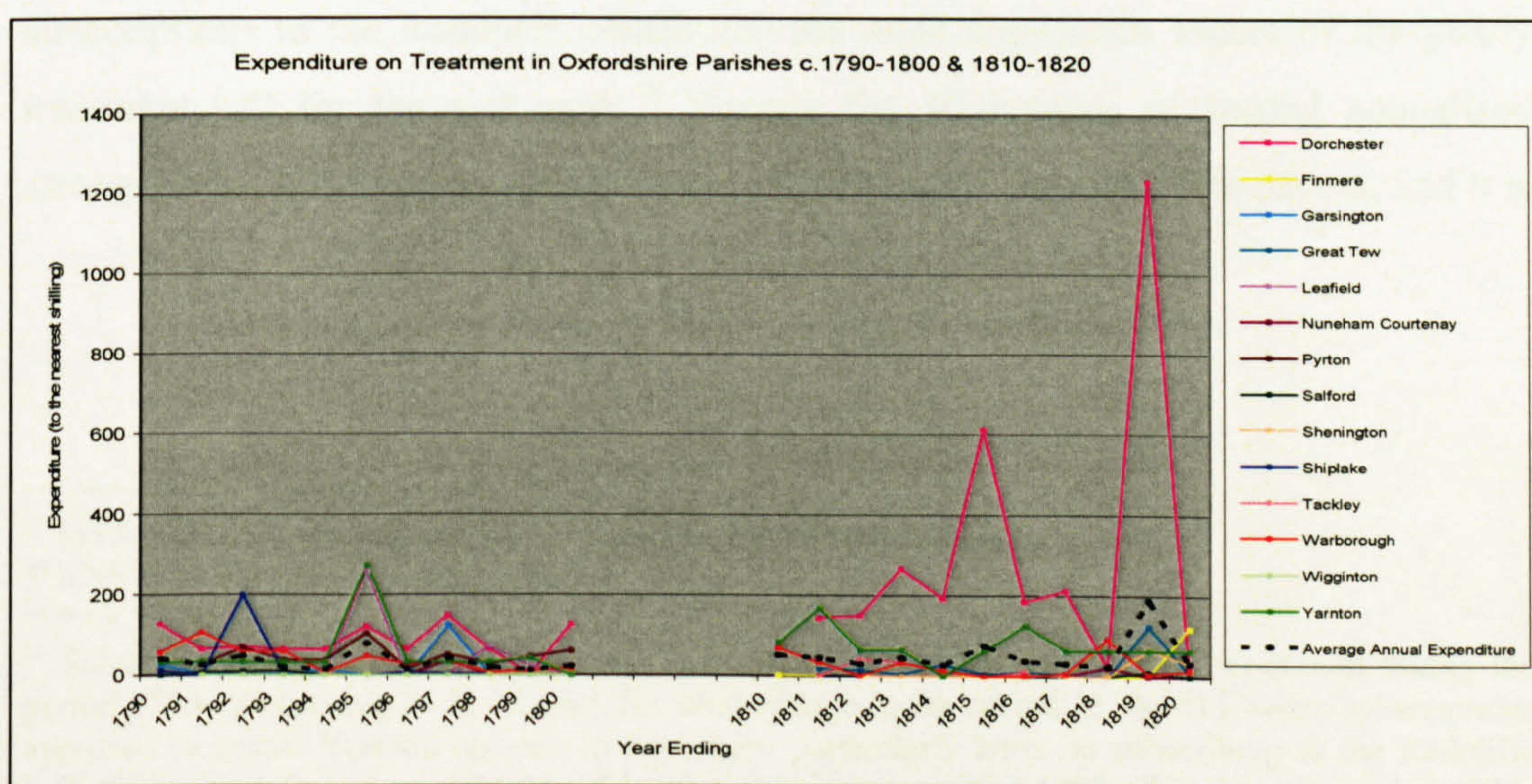
<sup>51</sup> PAR/87/5/A1/4; MSS.D.D. Par. Warborough, b.4; MSS.D.D. Par. Shiplake, c.1.



## Treatment

Although representing a significantly more costly element of medical relief across Oxfordshire when compared to the sums expended on drugs, treatment still ranked as one of the more marginal aspects of relief as a proportion of overall expenditure. Despite fluctuations at the level of the individual parish, treatment remained somewhat peripheral to the overall response to sickness. This is clearly evident for parishes such as Garsington, Great Tew, Finmere, Nuneham Courtenay, Pyrton, Shenington, Shiplake, Tackley and Wigginton where, as Figure 2.15 indicates, it represented both an irregular and minimal form of medical relief expenditure. Irrespective of the parochial trend outlined above however, it is equally clear that there were exceptions to this general rule. Dorchester in particular stands out as a relatively high spending parish in absolute terms, particularly for the period 1810-1820, when expenditure consistently exceeded the mean spend across the range of parishes in all years bar 1820.<sup>52</sup> This degree of expenditure differentials was undoubtedly due to the relatively high overall proportion of medical relief spending that was devoted to the treatment of the sick poor throughout this period, with 1819 alone accounting for a spending commitment of over twenty percent of the total medical relief budget.

Figure 2.15



Source: O.R.O.

<sup>52</sup> PAR/87/5/A1/3-4.



Clearly, most parishes would appear to have engaged in what may be termed piecemeal expenditure, in that specific ‘treatments’ were secured and paid for by the parish for either individuals or groups of paupers. The years ending 1791 and 1793 saw Garsington expending two shillings and sixpence and two shillings respectively on the bleeding of parishioners for example, whilst Shenington paid John Matthews five shillings for ‘setting Gaskins ribs’ and a further guinea ‘for seting J<sup>n</sup> Dickson Shoulder’ in 1811.<sup>53</sup> In order to prevent the outbreak of small pox, Warborough likewise paid for individuals such as ‘Eliz Smiths Child’ to be ‘Innoculated’ at a cost of five shillings, in addition to the princely sum of £4 9s. 2d. on treatment for the ‘Small Pox people’ in 1818.<sup>54</sup> Beyond these localised interventions, the parish also had recourse to external modes of treatment that could constitute the bulk of the spending on treatment for many of our sample parishes. Tackley’s decision to expend thirteen shillings for Mary Baker’s ‘treatment at [the] Infirmary’ indicates that the presence of the Radcliffe was also a shaper of relief strategies within Oxfordshire parishes.<sup>55</sup> The opportunity to subscribe to such institutions was a potential boon for parishes which sought to tread the fine line between securing ‘efficient’ and ‘effective’ medical services for the poor, whilst limiting the potential expense of such relief settlements. It should come as no surprise therefore that many Oxfordshire parishes chose to subscribe to ‘modern’ institutionalised medicine, with Leaffield, Pyrton, Warborough, Yarnton and Dorchester all taking advantage of the services that the Radcliffe had to offer. Indeed, for all of these parishes bar Dorchester, annual subscriptions to the Radcliffe constituted the most significant aspect of the yearly treatment bill for the sick poor.<sup>56</sup> Despite the advantages of formal annualised arrangements however, as with doctors, parishes were notorious late payers, and it is

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<sup>53</sup> MSS. D.D. Par. Garsington, b.11; MSS.D.D. Par. Shenington, b.3.

<sup>54</sup> MSS.D.D. Par. Warborough, b.6.

<sup>55</sup> PAR/267/5/F1/1.

<sup>56</sup> Subscriptions for Leaffield, Pyrton and Warborough amounted to a guinea per-annum during the period 1790-1800, rising to £1 11s. 6d. for Warborough in the period 1810-1813, when subscriptions appeared to cease. Yarnton appears to have been particularly keen on subscribing to the Radcliffe Infirmary, expending around £1 11s. 6d. per-annum in the period 1790-1798. For the period 1811-1820, Yarnton’s annual subscription appears to have risen to around three guineas, a figure which compares most generously with what Warborough was willing to pay for the same period. MSS.D.D. Par. Leaffield, b.2; MSS.D.D. Par. Pyrton, c.4-5; MSS.D.D. Par. Warborough, b.4-5; MSS.D.D. Par. Yarnton, b.9-10.



these late and combined payments which primarily contribute towards the fluctuations in expenditure profiles that are so evident in Figure 2.15.<sup>57</sup>

Although recourse to the Radcliffe increasingly formed part of the canon of parochial treatment, expenditure remained often marginal when viewed alongside other commitments. Just as Great Tew had expended the unusually large sum of £6 1s. 0d. in 1819 to secure 'The Admission of Eliz<sup>th</sup> Barns to St Lucks Hospital', so Dorchester found itself similarly tied into long term and expensive treatment arrangements for particular sick paupers.<sup>58</sup> The case of Richard Luker for example illustrates the burden that an individual could place upon the parish should they enter into protracted and expensive modes of treatment. Initially admitted to St Luke's Hospital in March 1811 after a period of illness whilst resident in London, Luker was subsequently moved to Hoxton at the expense of £3 17s. 6d., incurring additional treatment costs of approximately £8 1s. 9d. in August 1812. By April 1814, treatment in Hoxton cost the ratepayers of Dorchester a further £24 8s. 10d., which represented nineteen percent of the total expenditure upon the sick poor for the entire year.<sup>59</sup> Such apparent extravagance, although far from usual, was nonetheless not unique, as the case of William Selwood further illustrates. Like Luker, Selwood found himself admitted to St. Luke's for treatment in 1814, a welfare decision that was to cost the parish an initially moderate sum of £6 2s. 6d.<sup>60</sup> Despite such arrangements, Selwood's health did not improve, for by 1816 he was moved from St Luke's in order to receive additional care at Bethnal Green at a cost of £7 17s. 6d. This treatment – undoubtedly, like Luker's, within an asylum – would eventually result in a bill amounting to £60 0s. 0d. being met by the Dorchester overseer in February 1819 – a full twenty six percent of the total sum expended on medical relief for the year.<sup>61</sup> Irrespective of expense however, it is clear that the utilisation of such novel

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<sup>57</sup> Pyrton for example had an annual subscription of one guinea to the Radcliffe, but engaged in retrospective payments of three guineas and two guineas for the years ending 1792 and 1795. MSS. D.D. Par. Pyrton, c.4. For an annual overview of subscriptions to the Radcliffe and their often fractured nature refer to RI. I A1, *Radcliffe Infirmary Annual Reports, 1771-1863*. For the general trends relating to hospital subscriptions, refer to G. Oxley, *Poor Relief in England and Wales, 1601-1834* (London: David and Charles, 1974), p. 68; Tomkins, 'Paupers and the Infirmary', 208-227; Fissell, 'The "Sick and Drooping Poor"', 35-58.

<sup>58</sup> PAR/271/5/F1/2.

<sup>59</sup> PAR/87/5/A1/4.

<sup>60</sup> Ibid. In addition to this expenditure on treatment, the parish also underwrote an additional £5 5s. 0d. for carriage expenses between Dorchester and London, and seven shillings and sixpence for his wife.

<sup>61</sup> Ibid. Wright's asylum at Hoxton, where the so-called 'trade in lunacy' was rampant was otherwise known as the White House, which 'housed' between 250 and 500 patients by the end of the eighteenth



medical alternatives increasingly dovetailed into the medical landscape of parishes, and may in part explain and account for subtle shifts in medical relief expenditure profiles for individual parishes over the course of the late eighteenth and early nineteenth centuries.

### Nursing

As a proportion of overall expenditure, nursing was to remain at the lower end of the spectrum. Despite this general trend, spending patterns remained unique to individual parishes, with Wigginton for example devoting the exceptional level of over twenty percent of the overall medical relief spend for the year ending 1792 towards underwriting the nursing of the sick poor. Such apparent largesse of course demands contextualisation however, and as Figure 2.16 indicates, this only represented a total of sixteen shillings being expended on the nursing of the sick poor, from a low annual expenditure on medical relief which amounted to a mere £3 4s. 4<sup>1/2</sup> d.<sup>62</sup> Clearly, the relationship between absolute and proportionate expenditure has real potential to add ambiguity to any analysis of medical relief. Indeed, across the sample of parishes, only Dorchester, Nuneham and Yarnton may be said to have directed resources at nursing which rose above marginal levels as a proportion of absolute expenditure.

Spending on nursing was obviously conditioned by circumstance, with expenditure comprised of both short and long term commitments to individual paupers. Irregular expenditure patterns are therefore entirely explicable, with for example Pyrton's unusually large outlay of £4 14s. 6d. in the year ending 1791 directly attributable to paying 'Mrs Cook for Nursing Randals wife with the Small Pox'.<sup>63</sup> Of course, expenditure upon the contagious in particular served multiple purposes, and as with spending on vaccination, parishes seemed willing to underwrite often protracted and costly medical and palliative interventions.

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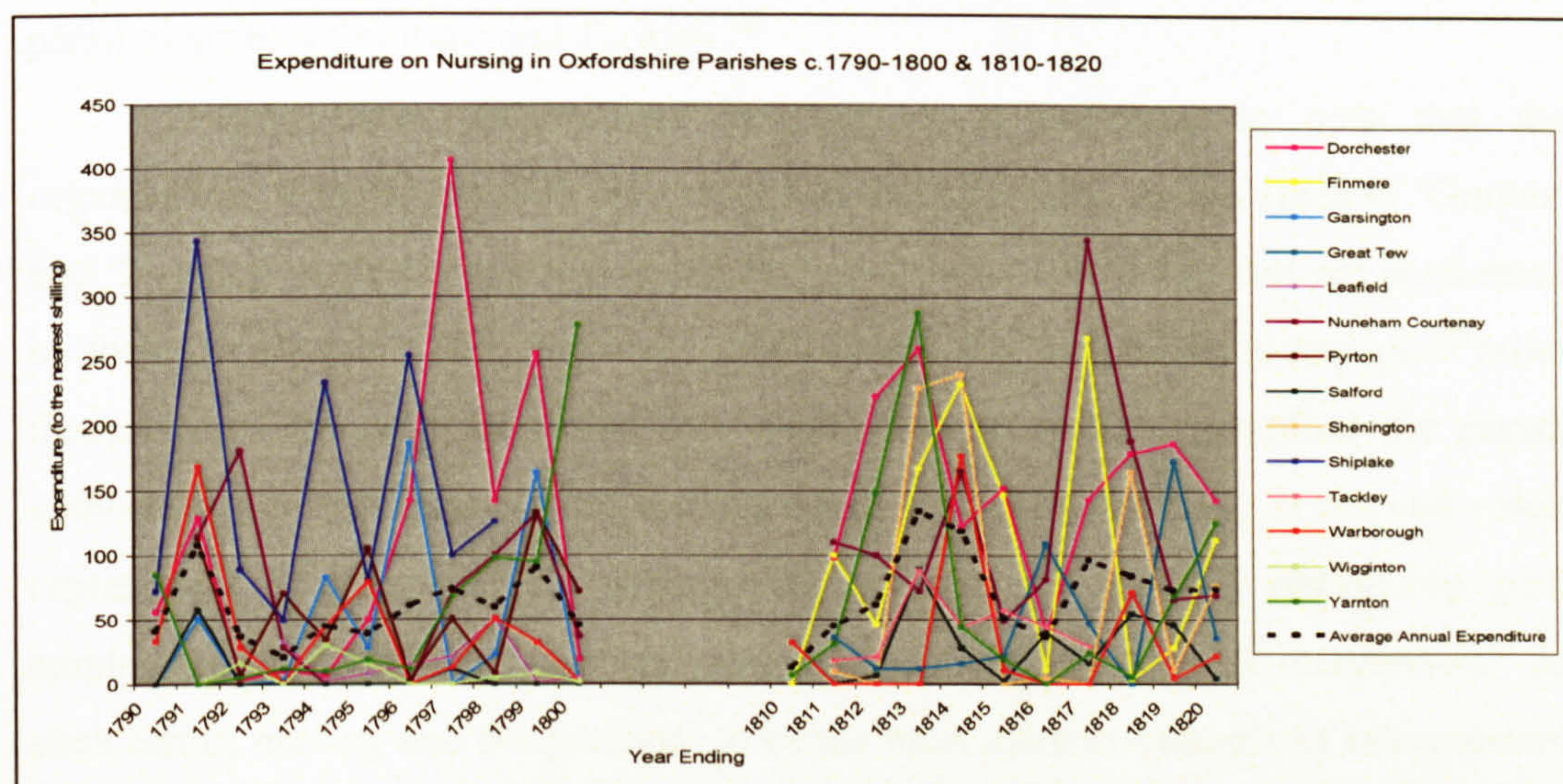
century. Refer to: J. Andrews and A. Scull, *Undertakers of the Mind. John Monro and Mad-Doctoring in Eighteenth-Century England* (London: University Of California Press, 2001), p. 153.

<sup>62</sup> MSS.D.D. Par. Wigginton, b.8.

<sup>63</sup> MSS.D.D. Par. Pyrton, c.4.



Figure 2.16



Source: O.R.O.

This often fractured role of nursing within the parochial relief canon was exemplified by Shenington, whereby a generally low expenditure profile was intersected by episodes of uncharacteristic ‘generosity’ when long-term care was required. The composition of expenditure upon nursing in particular therefore raises important issues for the overall pattern of expenditure across the sample of Oxfordshire parishes. It is clear for example that expenditure was mainly concentrated on relatively few individuals, and often over a prolonged time-scale. In the year ending 1818 for example, all sums disbursed for the explicit purpose of nursing the sick poor of Warborough were devoted to the care of only two paupers, namely Isaac James and his wife. Over the course of the year, this couple found themselves the recipients of £3 11s. 0d., which comprised a regular payment for nursing of two shillings and sixpence for a total of twenty six weeks, with an additional three payments of two shillings.<sup>64</sup> Nuneham likewise disbursed £5 10s. 0d. in the year ending 1791, and £5 0s. 0d. in 1792 to pay ‘Gunter’ to nurse ‘Heazley’, which again represented the most significant instances of parochial spending on nursing the sick poor.<sup>65</sup> At a regular two shillings per-week over the course of the year, these payments represented a long term commitment to the nursing of specific individuals within the parish, and in the case of ‘Heazley’, only appear to have ceased upon death in 1793. This concentration of resources in the hands of relatively few paupers is the overriding impression that

<sup>64</sup> MSS.D.D. Par. Warborough, b.6.

<sup>65</sup> PAR/187/5/F1/1.



emerges from the accounts therefore – a trend moreover which was evident in parishes such as Shiplake and Tackley.<sup>66</sup>

Despite these observations however, it is judicious to note that the organisation of nursing within the parish had real strengths. As the cases of ‘Gunter’ and ‘Heazley’ indicate, nursing within the parish was more often that not performed by local parishioners, and, moreover, parishioners that were often in receipt of relief themselves. This local *quid pro quo* would appear to have benefited the parish authorities, the sick pauper, and the individual providing the care, as the end result represented a ‘manageable’ nursing bill; regular, secure, and reasonably paid employment for the local poor; and personal local care for the sick themselves.<sup>67</sup> In stark terms, nursing had the potential to be the most marked example of best practice that medical relief during the Old Poor Law had to offer.

## Cash

When viewed as a proportion of overall expenditure, cash was the most dominant aspect of medical relief throughout the periods 1790-1800 and 1810-1820. As the most basic form of relief, the elevated role that cash appears to play is unsurprising, for within the relief process generally, the disbursement of cash was arguably the *raison d’etre* of the Poor Law – providing economic assistance to those in need during times of dearth, disablement, disease or death. Moreover, as the most flexible and easily dispensed form of relief, cash was often the preferred form of relief for the poor, due to the freedom of manoeuvre that it represented.<sup>68</sup> Figure 2.11 has indicated that medical relief in cash grew in significance over the duration of the late eighteenth and early nineteenth centuries, representing around forty percent of total medical relief expenditure during the period 1810-1820. Despite these aggregate

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<sup>66</sup> MSS.D.D. Par. Shiplake, c.1-2; PAR/267/5/F1/1.

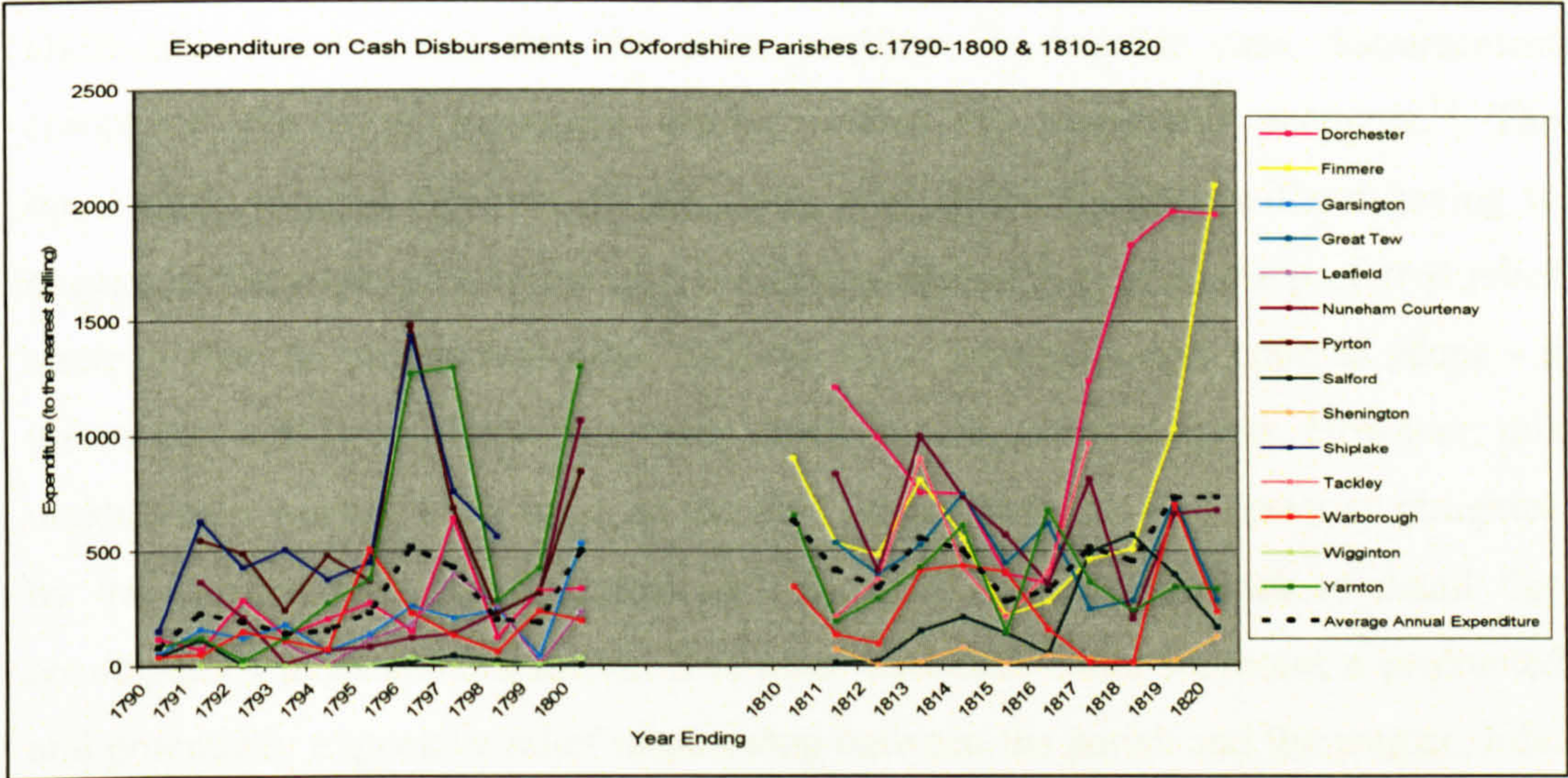
<sup>67</sup> See for example Lane, *A Social History of Medicine*, p. 127. O. P. Grell, ‘The Protestant Imperative of Christian Care and Neighbourly Love’, in O. P. Grell and A. Cunningham (eds), *Health Care and Poor Relief in Protestant Europe 1500-1700* (London: Routledge, 1997), p. 57; Fissell, ‘The “Sick and Drooping Poor”’, esp. p. 44. See also Smith, ‘Charity, Self-Interest and Welfare’, pp. 35-6.

<sup>68</sup> See for example Sokoll, *Essex Pauper Letters*; P. Sharpe, ‘The Bowels of Compassion’: A Labouring Family and the Law, c.1790-1834’, and J. S. Taylor, ‘Voices in the Crowd: The Kirkby Lonsdale Township Letters, 1809-36’, both in T. Hitchcock, P. King, and P. Sharpe (eds), *Chronicling Poverty. The Voices and Strategies of the English Poor, 1640-1840* (London: Macmillan, 1997), pp. 87-108, 109-126.



trends however, as Figure 2.17 illustrates, there were clear disparities in absolute expenditure across Oxfordshire parishes.

Figure 2.17



Source: O.R.O.

In Shiplake for example, cash represented the most significant aspect of the parish sick spend in the period 1790-1798, making it one of the key drivers of overall medical relief expenditure.<sup>69</sup> This trend can also be discerned in Tackley, where cash represented over thirty percent of the total sick spend in all years except 1812, when a mere twenty nine percent was expended in the form of cash.<sup>70</sup> At the other end of the spectrum however, parishes such as Shenington seemed remarkably reluctant to dispense cash to the sick poor, and rarely disbursed in excess of ten percent of relief in this form.<sup>71</sup> Clearly, these examples represent the extremes of a wider picture, whereby although consistently the most dominant form of relief – both in absolute and relative terms – cash disbursements were nevertheless subject to often marked fluctuations within the overall expenditure profiles of parishes. The parish of Warborough provides a good illustration of this point. Although cash disbursements as a proportion of overall medical relief scaled the heights of over sixty percent in the year ending 1812, lows of one percent were nevertheless recorded in both 1817 and 1818. Despite such idiosyncratic relief policy however, cash, along with expenditure

<sup>69</sup> Proportionate expenditure in Shiplake only dipped below twenty percent in the years ending 1790 and 1794.

<sup>70</sup> MSS.D.D. Par. Shiplake, c.1-2; PAR/267/5/F1/1.

<sup>71</sup> MSS.D.D. Par. Shenington, b.3-4.



on rent and medical practitioners remained one of the central pillars of the local medical relief landscape.<sup>72</sup>

As indicated above, the ease by which cash could be distributed to the sick poor undoubtedly contributed to the popularity of this form of relief across Oxfordshire, and meant that for most parishes the humble cash disbursement comprised the most numerous entries within the overseers' accounts.<sup>73</sup> The opportunity to send the poor on their way with a few shillings without having to engage in more complex forms of relief or negotiation was often the preferred relief strategy that the unpaid and often unloved local overseer could hope to adopt – a theme that will be explored in greater depth in subsequent chapters. However, this undoubtedly worked both ways, as the sick pauper was less tied down or obligated by the humble and often minimal cash payment. Despite the lack of detail that accompanies most disbursements, it is clear that cash could represent a protracted and potentially expensive relief relationship between the parish and the pauper. John Webb for example was in receipt of twenty one payments of seven shillings on account of his wife's illness. These cash handouts meant that the Webb family found themselves the recipients of eighty five percent of Warborough's total cash expenditure of £8 12s. 0d. for the first half of 1796.<sup>74</sup> Moreover, it is equally clear that cash often formed one aspect of a wider relief package that was offered by the parish. Shiplake for example, dispensed the sum of £2 3s. 0d. over seven payments to Mary Harris due to her small pox in the year ending 1793, supplementing other more formal aspects of relief that the parish were devoting to her during her illness.<sup>75</sup> Irrespective of the fluctuations that characterised cash disbursements therefore, its very flexibility represented a boon to both relievers and the relieved, and this inherent strength meant that it was to remain the principal form of relief for the sick poor throughout the late eighteenth and early nineteenth centuries.

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<sup>72</sup> MSS.D.D. Par. Warborough, b.4-6.

<sup>73</sup> For the networks of relief distribution which emerged to facilitate the administration of relief, and cash payments in particular, refer to S. A. King, "It is impossible for our Vestry to judge his case into perfection from here": Managing the Distance Dimensions of Poor Relief, 1800-40', *Rural History* 16 (2005), 161-189.

<sup>74</sup> MSS.D.D. Par. Warborough, b.4.

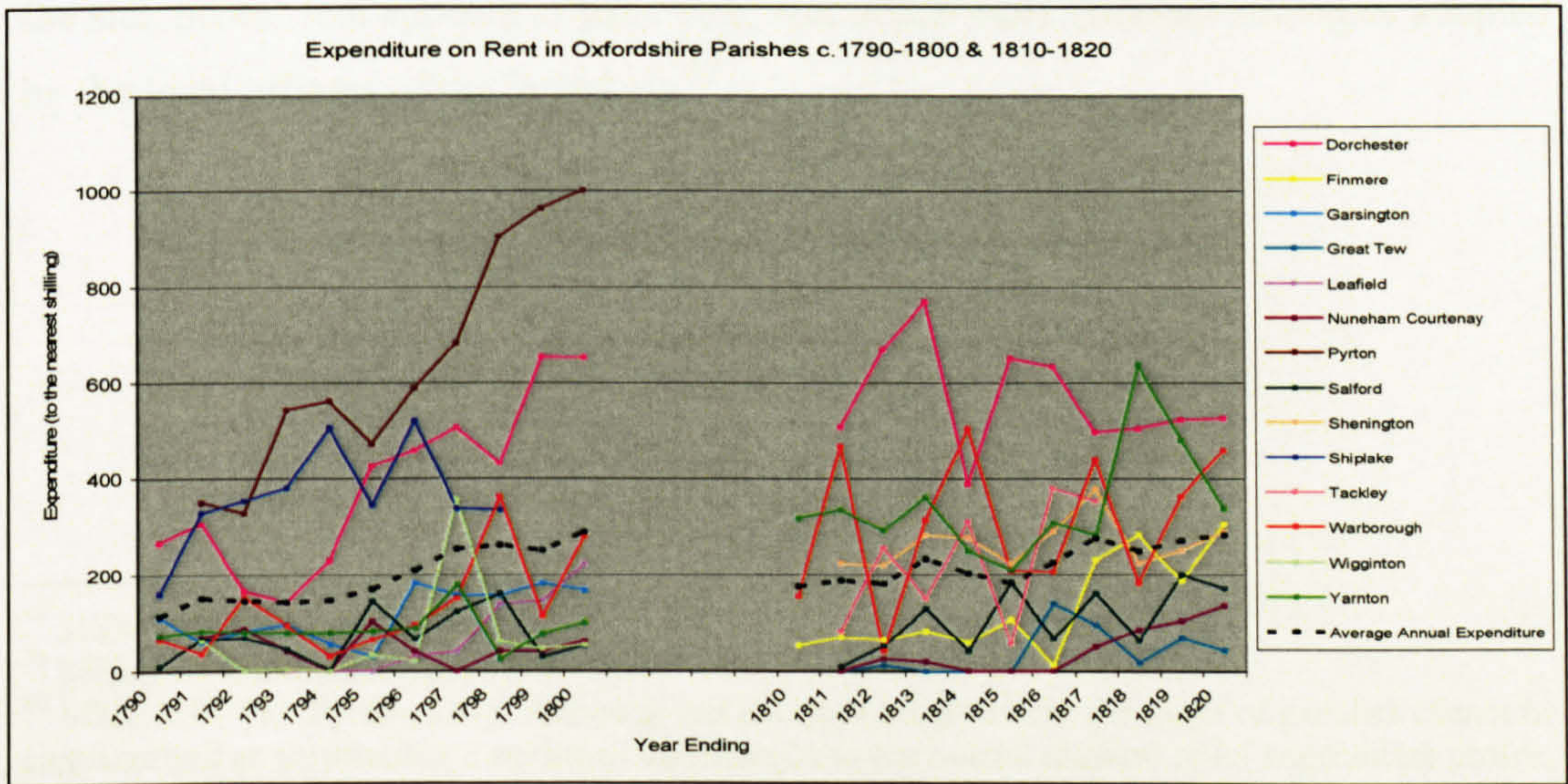
<sup>75</sup> MSS.D.D. Par. Shiplake, c.1.



Rent

Like cash disbursements, parochial expenditure upon pauper rent was one of the most universal aspects of relief during the Old Poor Law.<sup>76</sup> The spasmodic and often short-lived employment of indoor relief – particularly the workhouse – meant that parishes continued to overwhelmingly relieve the poor *in situ*.<sup>77</sup> This meant that the payment of, or contributions towards the rent of the poor were part and parcel of the overriding architecture of the system of relief that characterised the operation of the Old Poor Law. Indeed, as Figure 2.11 has indicated, the proportion of overall expenditure that was allocated towards the payment of, or towards, rent for the sick poor was one of the more consistent and generous components of the aggregate expenditure profile. Despite a slight proportionate decline evident during the period 1810-1820, expenditure upon rent nevertheless established itself at around twenty percent of the annual medical relief budget. Moreover, in absolute terms, Figure 2.18 indicates that payments upon rent represented for many parishes a not insignificant annual commitment to the sick poor.

Figure 2.18



Source: O.R.O.

Like most aspects of medical relief however, annual fluctuations were clearly evident – often as a consequence of late or multiple payments. Despite the fractured nature of

<sup>76</sup> King, *Poverty and Welfare*, p. 88; Howard-Drake, 'The Poor of Shipton under Wychwood', pp. 20-21.

<sup>77</sup> King, *Poverty and Welfare*, p.160.



payments however, it is clear that for individual parishes, the place of rent within the general arc of medical relief could become quite marked. Leafield for example witnessed a remarkable *volte-face*, with payments rising spectacularly from zero in 1795 to £11 2s. 0d., or around forty percent of overall medical relief expenditure by 1800.<sup>78</sup> Indeed, although expending the lower sum of £7 6s. 0d. in 1799, this actually represented a staggering fifty two percent of the annual outlay upon the sick poor. Shenington provides another case in point, with rental contributions constituting the most significant and consistent aspect of medical relief to the sick poor during the period 1810-1820. Reaching the remarkable high of sixty four percent of total medical relief for the year ending 1817, the parochial contributions towards rent never fell below the still high level of twenty four percent of overall expenditure throughout the remainder of the period 1810-1820.<sup>79</sup> Pyrton likewise attached significance to this form of relief, with subsidising or underwriting rent accounting for over fifty percent of overall expenditure for the year ending 1793, and never dropping below thirty percent in the period 1797-1800.<sup>80</sup> Whilst such instances of spectacular spending are, it is to be acknowledged, the exception rather than the rule, there was a clear propensity for indulging in this form of relief, and from Finmere in the north, Tackley in the centre, to Pyrton in the south of the county, the payment of the sick poors' rent appears to have been one of the more constant strategies adopted by the local officers of the Poor Law.<sup>81</sup>

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<sup>78</sup> MSS. D.D. Par. Leafield b.2.

<sup>79</sup> MSS.D.D. Par. Shenington, b.3-4.

<sup>80</sup> MSS. D.D. Par. Pyrton, c.4-5. Although rental contributions across the range of parishes cannot be characterised as constituting a sustained contribution to the overall medical relief expenditure profile, it is nevertheless apparent that within individual years at least, rental contributions had the potential to outweigh all other aspects of relief. As the case of Wigginton illustrates in Figure 2.18, peaks could be marked both in terms of absolute and proportionate expenditure. The clearly evident high of £17 16s.7d. registered for the year ending 1797 for example – which elevated this low spending parish above the county average – represented over sixty percent of the entire medical relief bill for the year in question. MSS.D.D. Par. Wigginton, b.8.

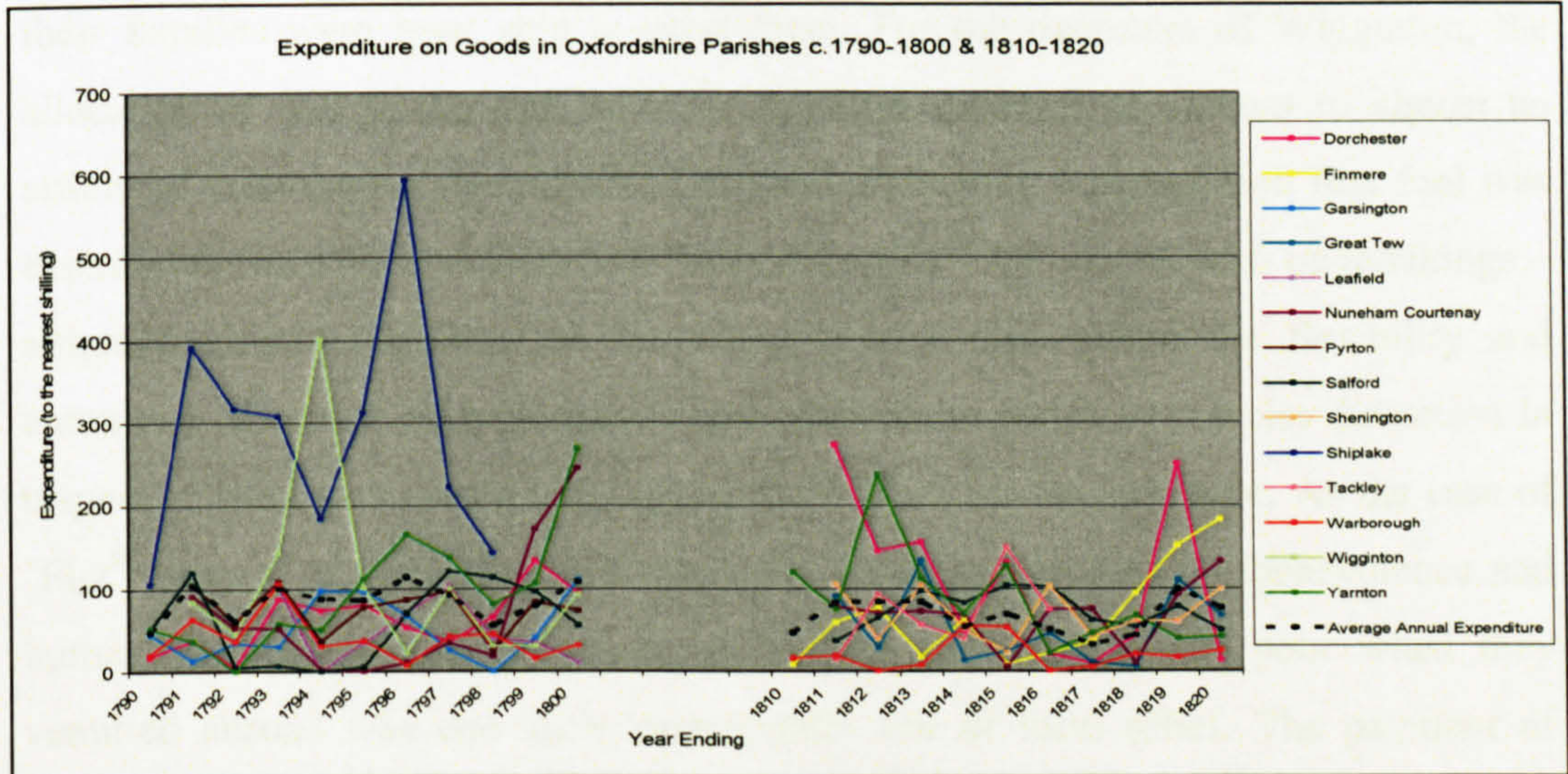
<sup>81</sup> This dispersal does not fit with Langton's spatial typology of poor relief for the county, which suggests that the 'custom' of rental intervention may have been removed from wider geographical models of Poor Relief in Oxfordshire. J. Langton, 'The Geography of Poor Relief in Rural Oxfordshire, 1775-1832' (unpublished paper).



Goods

Unlike rent, expenditure upon ‘goods’ for the sick poor experienced a clearly discernable downward trend during the decades under consideration, and for our sample of Oxfordshire parishes, never represented more than twenty percent of overall expenditure. Moreover, relief in kind became increasingly marginal as the period drew to a close. As Figure 2.19 indicates, this proportionate decline was mirrored by absolute expenditure, where the periodic highs witnessed during the decade 1790-1800 were far less evident in the period 1810-1820, and absolute expenditure generally confined to a much more restricted expenditure band of below five pounds per-annum.<sup>82</sup>

Figure 2.19



Source: O.R.O.

Despite the general and specific trend against payment in kind, it remains that some parishes placed a greater emphasis – at least in some years – on this form of relief. For example, although recourse to such disbursements in Wigginton generally contracted over the last decade of the eighteenth century, in both absolute and relative terms the period 1791-94 witnessed levels of expenditure which never dipped below forty percent of the overall medical relief bill, with the years 1792 and

<sup>82</sup> Although Tackley witnessed a slight increase in proportionate spending upon goods for the sick poor during the period 1811-1816 for example, expenditure was still confined between five percent and thirteen percent of overall expenditure, whilst Nuneham Courtenay and Pyrton only experienced spending exceed ten percent in 1799 and 1793 respectively. PAR/267/5/F1/1; PAR/187/5/F1/1; MSS. D.D. Par. Pyrton, c.4.



1793 in particular recording remarkable highs of seventy and seventy one percent of the total sick spend respectively.<sup>83</sup>

Irrespective of the now customary fluctuations that characterise expenditure at parish level, it nevertheless remains that in respect of absolute and proportionate expenditure, the purchase of goods for the sick poor remained a fairly consistent, although marginal aspect of relief. One of the reasons for this persistent presence within relief profiles may be intimated by the key constituents of relief in kind. Comprised for the most part of foodstuffs, clothing and fuel allocations, such disbursements represented the provision of many of the essentials of daily existence for the sick and needy poor. The centrality of such items to most care packages may be seen as recognition of both their ‘beneficial’ nature, and that for many at least, these self-same items constituted a significant cost burden at a time when – as we will cover in subsequent chapters – the earning capacities of sick individuals and their families were least able to meet them. For the overseers of Wigginton, the allocation of fuel to the sick poor for example appeared to amount to almost an article of faith during the period 1790-1800, indicating a recognition that fuel was essential to maintain and warm the body and spirit.<sup>84</sup> Of course, such undertakings – although clearly beneficial to the ailing poor – still lacked the flexibility and autonomy of simple cash payments, and enabled the parish to exercise discretion in respect of what was considered ‘appropriate’ relief for the sick poor. As the case of ‘Eliz<sup>th</sup> Barnes’ of Great Tew indicates, the desire to advertise the benevolence and humanity of the parish by means of ‘suiting and booting’ the poor when they ventured abroad was one such ‘appropriate’ use of local relief. The payment of £1 16s. 2d. for ‘too suits of Cloaths to go to St Lucks’ meant that ‘Eliz Barnes’ would be more than a mere sick pauper: she was to be an ambassador for the parish and a sartorial embodiment of the generosity of spirit that characterised those that administered the Great Tew Poor Law – a theme that we shall return to in subsequent chapters.<sup>85</sup>

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<sup>83</sup> It is interesting to note that the most prominent peak for Wigginton, clearly evident in Figure 2.19 does not relate to either of these two years, indicating that the highest level of spending upon goods as a proportion of overall expenditure occurred during years recording relatively low levels of overall medical relief expenditure. This inverse expenditure profile was echoed in Salford, with the contraction of medical relief in the period 1790-1800 accompanied by increased proportionate expenditure upon goods. MSS.D.D. Par. Wigginton b.8; MSS. D.D. Par. Salford, b.7-8.

<sup>84</sup> MSS.D.D. Par. Wigginton, b.8.

<sup>85</sup> PAR/271/5/F1/2.



Funerals

Unlike other forms of relief, parochial support for the funerals of the sick poor was particularly conditioned by wider religious and cultural expectations. As Clare Gittings remarks, ‘the English funeral has usually performed both religious and social functions’, and the need to fulfil these expectations is clearly evident within the archive.<sup>86</sup> Parish accounts abound with overseers sanctioning expenditure upon the ritual of death, greatly expanding the potential sums that were involved in the final act of relief for the sick poor.<sup>87</sup> The parish of Shenington expended £1 18s. 6d. upon the burial of Richard Gaskin for example, which represented the final act in what had been a protracted series of medical interventions on the part of the parish.<sup>88</sup> Moreover, as the following extract from Chipping Norton illustrates, funerals for the sick poor could be remarkably elaborate and expensive community occasions.

	<u>£.</u>	<u>s.</u>	<u>d.</u>
Coffin	0	10	6
Parson and Clerk	0	10	2
M <sup>r</sup> Rood Doctor	1	8	0
Give the Widow	0	10	6
For Eating and Drinkin	0	3	4
Bear for men to Carry him to Church	0	2	6
horses Charge	0	1	0
Turnpike's	0	0	6
for the Sroud	0	2	6
for Laying him out and for A man that brout word he was ded	0	5	6
to the osler	0	0	3
Coffin	0	10	6
Parson and Clark	0	10	2
M <sup>r</sup> Rood Doctor	1	8	8
Total:	£ 6	4	1

Source: PAR/64/5/F9/2, Item 41. ‘Burial Expenses Bill’.

<sup>86</sup> Gittings, *Death, Burial and the Individual*, p. 11. Botelho echoes these observations, stating that ‘even the poorest did not die alone’, with ‘other poor people...paid to watch and comfort the dying, generally staying on after death to wash and properly lay out the body’. L. Botelho,, ‘Aged and Impotent: Parish Relief of the Aged Poor in Early Modern Suffolk’, in Daunton (ed.), *Charity, Self-Interest and Welfare*, p. 101.

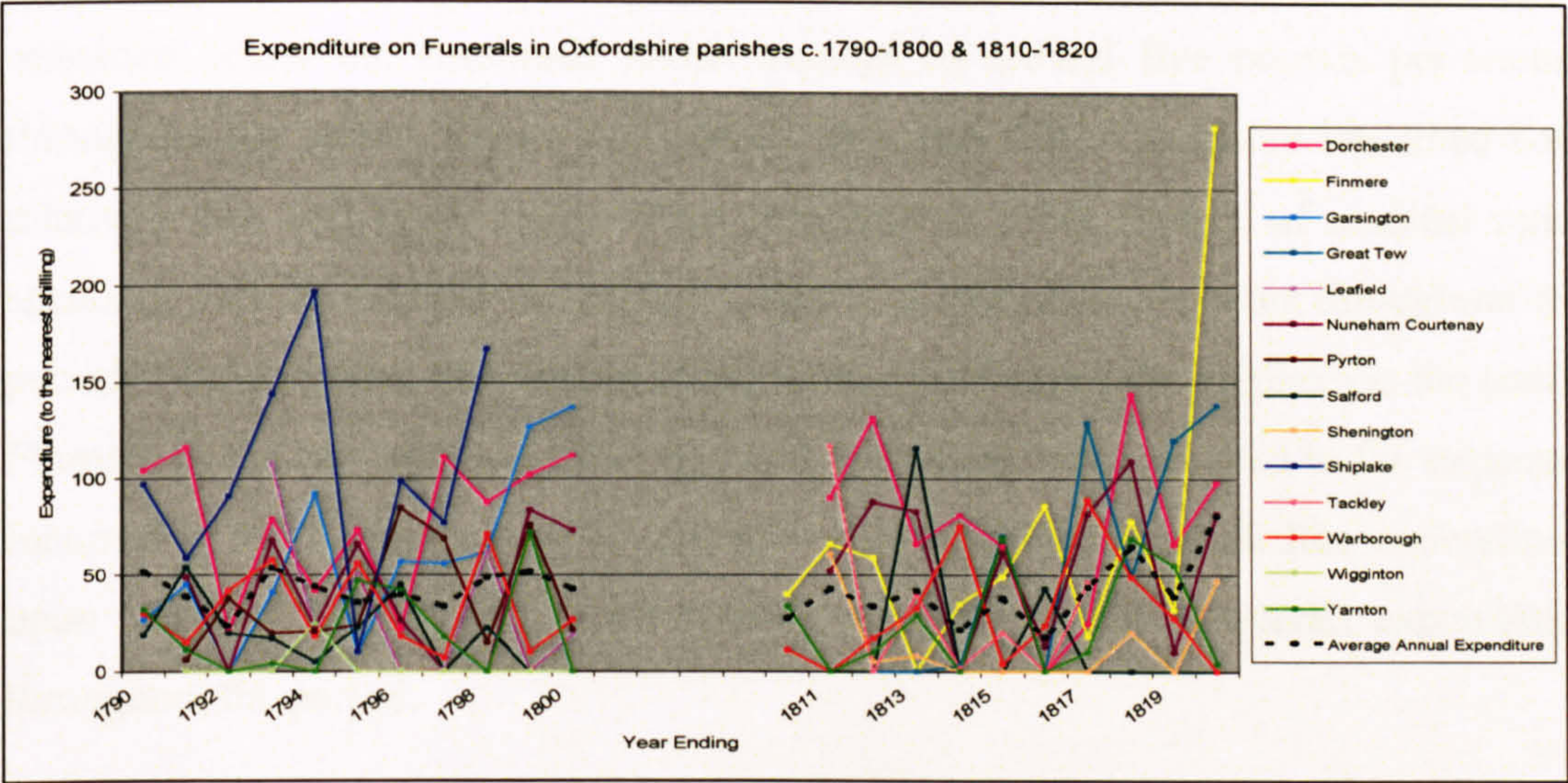
<sup>87</sup> J. Howard-Drake, ‘The Poor of Shipton under Wychwood’, pp. 24-5.

<sup>88</sup> These included having his ribs set in 1811, and numerous cash payments prior to his death in the year ending 1820. MSS.D.D. Par. Shenington, b.3-4. For the elaborate expenditure profiles associated with decline and death refer to PAR/16/5/F1/2, f. 132-3; MSS.D.D. Par Stratten Audley, b.2. August 19, 1826. For the propensity of relief settlements to expand prior to death refer to T. Wales, ‘Poverty, Poor Relief and the Life-Cycle: Some Evidence from Seventeenth-Century Norfolk’, in R. M. Smith, (ed.), *Land, Kinship and Life-Cycle* (Cambridge: Cambridge University Press, 1984), pp. 351-404, esp. Figure 11.1.



Although expenditure on funerals was a perennial feature in Oxfordshire, as a proportion of overall expenditure such relief never rose above ten percent per-annum, and as Figure 2.20 illustrates, absolute expenditure was likewise confined within a relatively narrow band of under five pounds per-annum.

Figure 2.20



Source: O.R.O.

Within individual parishes, expenditure could be remarkably fractured. In Salford for example, many years could elapse between funeral payments, whereas Wigginton would see the year ending 1794 registering its sole contribution of twenty five shillings towards the burial of the sick poor.<sup>89</sup> For the majority of parishes however, the burial of the sick poor remained a frequent, if marginal annual expense.<sup>90</sup>

### Expenses

Unlike many components of medical relief, parochial spending upon the miscellaneous expenses incurred in administering the relief of the sick poor is, due to its often nebulous nature, somewhat nuanced and hence more difficult to unpick from general Poor Law expenditure. By adopting the basic methodology of what may be termed expenditure by association however, it is possible to discern examples of such peripheral medical relief expenditure. Although such forms of relief are therefore

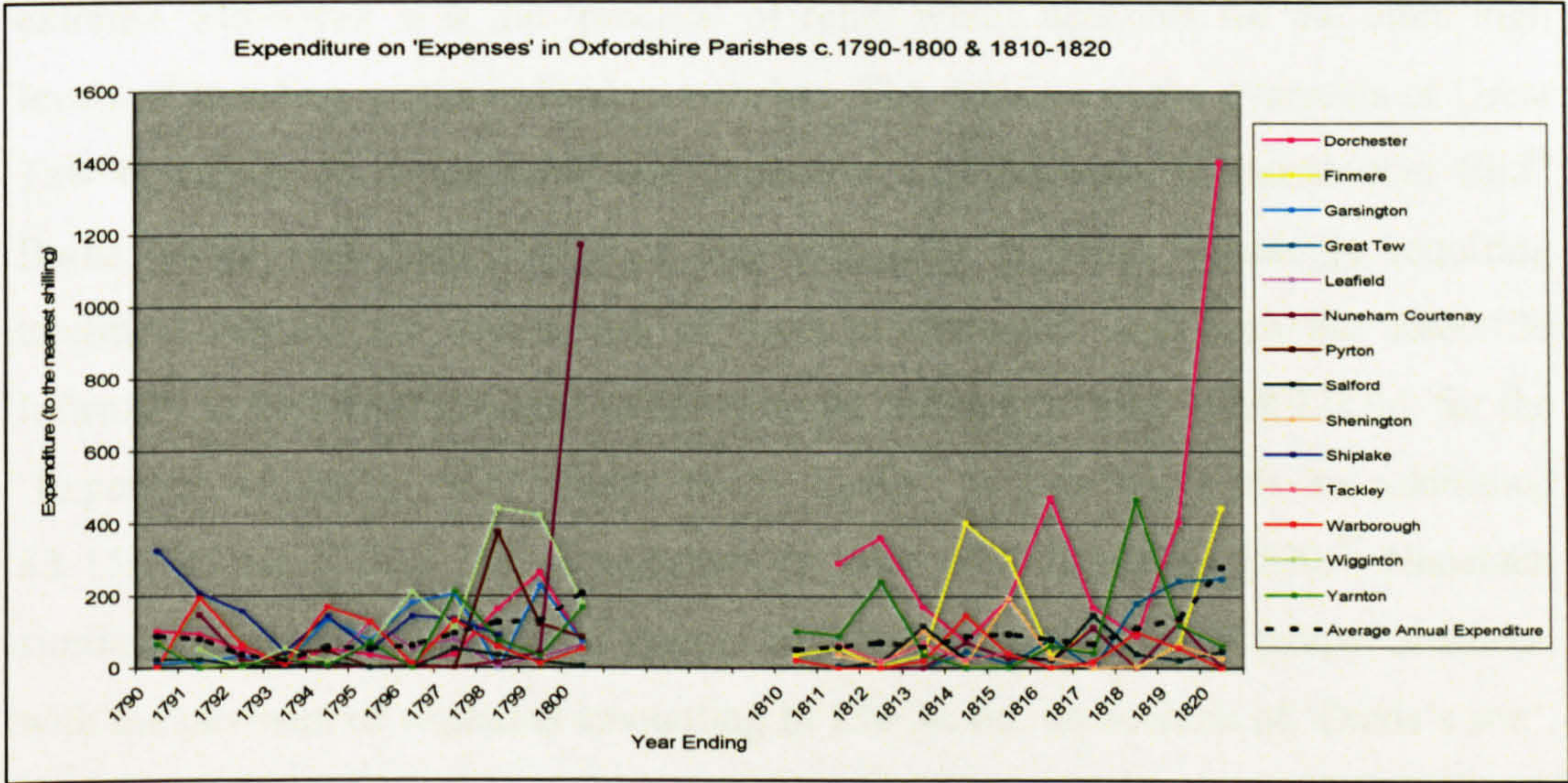
<sup>89</sup> MSS. D.D. Par. Salford, b.7-8; MSS.D.D. Par. Wigginton, b.8.

<sup>90</sup> See for example Beak, 'The Management of Poor Relief', esp. pp. 33-4;



possible to identify and isolate, as Figure 2.11 indicates, across the sample of Oxfordshire parishes the expenses associated with the relief of the sick poor never exceeded twenty percent of annual outlay, and rarely exceeded ten percent for the entirety of the period covered in this study.<sup>91</sup> In terms of absolute spending, it is equally apparent that for the majority of parishes, the expenses associated with the administration of medical relief were not overly significant, and for the most part remained below the combined parish average of around five pounds per-annum throughout the period. Figure 2.21 clearly indicates that expenditure remained both relatively low and fairly stable when compared to other aspects of medical relief spending such as medical practitioners, rent and cash disbursements throughout the period.<sup>92</sup> Indeed, from Shenington in the north of the county to Shiplake in the south, Finmere in the east and Salford in the west, parochial funds devoted to the expenses incurred in the administering of medical relief remained – much like expenditure upon ‘nursing’ and ‘goods’ – a relatively marginal aspect of overall expenditure throughout the period.

Figure 2.21



Source: O.R.O.

<sup>91</sup> This was especially the case for the period 1810-1820, where only the year ending 1820 saw expenditure reach fifteen percent of total medical relief outlay.

<sup>92</sup> For the decade 1790-1800, it is equally clear that the upwards trend in average expenditure was largely as a consequence of the significant increases in absolute spending that occurred in parishes such as Pyrton, Wigginton and Nuneham Courtenay which, in the case of the latter two parishes, mirrored proportionate increases in expenditure at this time. This represented over eighty percent of annual medical relief expenditure for the years ending 1898-99, and thirty six percent for the year ending 1800 for Wigginton and Nuneham Courtenay respectively. MSS.D.D. Par. Wigginton, b.8; PAR/187/5/F1/1.



If, as the data appears to suggest, expenses did not generally constitute a significant component of the relief matrix, how can this expenditure profile be explained? As a ‘peripheral’ aspect of relief – in that they rarely constituted direct medical interventions or services – it is understandable that when expenses were incurred in the relief process, they were usually of a low order of intervention. Great Tew for example laid out five shillings and sixpence in 1811 on ‘travelling expenses to Deddington on account of Green being ill’, and three shillings in 1815 on a ‘Man & Horse to Doctor for Slatter’.<sup>93</sup> Warborough likewise expended four pence for ‘Eliz. Goodenough To go to Doctor’ and four shillings and sixpence for ‘Geo. Beckett to go to Infirmary’.<sup>94</sup> Naturally, not all decisions to facilitate relief by means of peripheral payments were influenced by enlightened altruism, with Warborough for example underwriting expenses amounting to £2 19s. 8d. in the year ending 1795 on housing those afflicted with small pox.<sup>95</sup> Shiplake moreover appeared determined to remove Mary Harris ‘in the small pox’, expending five shillings in November 1793, and an additional two shillings removing her again in December.<sup>96</sup>

Despite these observations, it is clear that in some parishes outlays upon the expenses incurred in the administration of medical relief were often generous in the extreme. Moreover, it is the ‘process’ of relief which accounts for the often high levels of spending within individual parishes. The decision of the overseers of Great Tew to engage in a protracted and expensive care package for parishioner Eliz<sup>th</sup> Barns in the year ending 1819 is one such case in point. Seemingly requiring treatment beyond the capabilities of local practitioners, and even the Radcliffe Infirmary in Oxford, the parish underwrote the substantial sum of £8 12s.0d. for the ‘Expenses of taking Eliz<sup>th</sup> Barns to St Lucks’ in London, with an additional £3 15s. 0d. on ‘Coach hire & expenses on acct. of E Barns’ in 1820.<sup>97</sup> Nuneham similarly allocated substantial resources to a few isolated cases of pauper sickness, with the payment of expenses amounting to £36 3s. 6d. on account of ‘Davis’s son’,

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<sup>93</sup> PAR/271/5 F1/1.

<sup>94</sup> MSS.D.D. Par. Warborough, b.4.

<sup>95</sup> Ibid.

<sup>96</sup> Clearly, the parish preferred to have the disease-ridden far removed from the parish, saving on effort and expense. Whether these unfortunates had anywhere else to go is a moot point, for the return of Mary Harris to the parish that had so recently had her removed appears to indicate that in this instance at least, the sick poor were often at the mercy of the local parochial authorities, who quite literally held the destiny of the poor in their (often self-appointed) hands. MSS.D.D. Par. Shiplake, c.1.

<sup>97</sup> PAR/271/5 F1/2.



and £5 17s. 6d. underwriting ‘Mr Millars Expenses in taking Eliz<sup>th</sup> Baker to London’. For these two paupers alone, parish authorities devoted the significant sum of £58 13s.1d. – thirty six percent of the overall sick spend of £162 0s. 6d. – in the year ending 1800.<sup>98</sup> The treatment of the insane similarly attracted often substantial outlays. Expenses amounting to £7 6s. 6d. incurred ‘in taking Mary Baker to Bedleham’ for example accounted for all expenditure of this type in Nuneham for the year ending 1791.<sup>99</sup>

These examples drawn from overseer accounts and coupled with expenditure profiles indicate that the expenses incurred in the administration of medical relief – although not overly significant as a component of overall medical relief – were nonetheless often significant and sizable for individual sick paupers. More importantly, these expenses often played a critical role in facilitating the smooth implementation of other forms of medical interventions, and in this respect, they may be characterised as the lubrication of the overall medical relief process: an often nominal outlay which set in motion other more costly and long-term forms of relief.<sup>100</sup>

## Conclusion

This quantitative survey of medical relief in Oxfordshire has indicated that as the Old Poor Law entered its final decades, the welfare regimes it spawned within individual communities had evolved and moved away from the founding principles of 1601. As ‘dependence’ is very hard to either unpick or gauge within these communities, it is difficult to make any claims regarding the Poor Law acting as a catalyst for local poverty, as the Malthusians, Utilitarians and others of a ‘reformist’ persuasion were so inclined to indulge in.<sup>101</sup> However, it is clear that as the eighteenth century gave

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<sup>98</sup> PAR/187/5/F1/1.

<sup>99</sup> Ibid. This represented fifteen percent of the total annual medical relief bill for the year.

<sup>100</sup> Particularly in respect of the engagement of medical practitioners and institutional modes of care.

<sup>101</sup> See for example Rev. T. Malthus, *An Essay on the Principle of Population*, 2<sup>nd</sup> edn. (London: J. Johnson, 1803), p. 409. For a survey of these arguments, see for example to T. A. Horne, *Property Rights and Poverty. Political Argument in Britain, 1605-1834* (London: University of North Carolina Press, 1990); R. Cowherd, *Political Economists and the English Poor Laws. A Historical Study of the Influence of Classical Economics on the Formation of Social Welfare Policy* (Athens: Ohio University Press, 1977).



way to the nineteenth, the Poor Law – for Oxfordshire at least – was drawing in ever greater financial resources in order to fulfil its perceived obligations. Of course, such observations are necessarily conditioned by factors such as population size and consequent per-capita expenditure figures, as well as the evolution of relief policy in the light of, for example, raised expectations from the pauper and non-pauper population. Despite these parameters, as the figures appear to show, expenditure upon the local Poor Law witnessed fairly significant increases, particularly in the periods 1798-1801 and 1812-1821, when real above inflation sums were being poured into the relief of the local poverty stricken. As Figure 2.5 has indicated however, the allocation of resources directed at the sick poor as a proportion of overall welfare expenditure actually declined over the period. This proportionate allocation is supported by the index linked expenditure totals provided in Figure 2.9, and taken together they indicate that medical relief did indeed lag behind the expansion of general relief during the late eighteenth and early nineteenth centuries in Oxfordshire. In short, this meant that although the cost of maintaining the poor witnessed marked and real increases over the course of this study, this expansion of relief was not seemingly being fuelled by the need to maintain the sick poor of the parish. In this respect at least, the sick poor and the requirement on the parish to maintain them was not the most significant driver of local relief costs and expenditure. Indeed, the rounds-man, labour-rate and allowance schemes that periodically appear in overseers ledgers and vestry minutes point to a reorientation of relief policy by the end of the eighteenth century, with the Poor Law becoming primarily an agent of ‘income support’. Consequently, the sick poor had to compete for an ever smaller slice of the available resources that were otherwise being used to put bread in the mouths of the wider distressed population. Given such stark realities, it is perhaps reassuring that the sick poor managed to preserve some degree of what may today be termed ‘core funding’, with the specific needs of individuals not always being sacrificed on the alter of the utilitarian ‘greater good’. As such, it would appear that the relief of the sick poor was still afforded some degree of inviolability and legitimacy within a localised system of relief that increasingly had to demur from its founding principles due to harsh economic realities, whilst being attacked by reformers for daring to trespass upon this ‘collectivist’ territory.

Although this systematic quantitative analysis of the Oxfordshire medical landscape constitutes a novel addition to the wider regional and sub-regional poverty



and welfare debate, as noted in the introduction to this thesis, these data-sets only represent the end of a process of relief. Although providing important insights into the quantity of relief allocated to the sick poor, and the forms which this relief took, it has real limitations in informing wider debates concerning medical relief during the Old Poor Law. For example, it is crucial to consider the supply side of medicine during the period, and how evolving medical horizons impacted upon the forms of relief that were available to both the parish and the poor. Moreover, as indicated above, although such surveys shed important light onto the levels and forms of relief that were dispersed to the sick poor, it is nevertheless vital to develop an understanding of how such relief settlements came into being. This demands an analysis of both sentiment and entitlement, which gave rise to the complex process of relief which was so characteristic of the Old Poor Law. With these observations in mind, it is appropriate that we first turn to the supply-side of medical relief within Oxfordshire parishes.



## Chapter 3

### The Supply of Medical Relief

To the Churchwardens Overseers etc of  
The Parish of Rotherfield Grays

Gentlemen,

I beg leave to repeat the offer which I made at your last Vestry Meeting of attending the Poor in the Parish of Grays in all cases, except Midwifery & Fractures, for ten pounds per annum – Should you appoint me your Parish Surgeon I trust the attention I shall pay to the Poor will be such as to ensure your warmest approbation\_\_\_\_

I am Gentlemen  
your humble Servant  
John Evans

Henley  
March 23 = 1818<sup>1</sup>

As the entry in the Rotherfield Greys vestry minutes illustrates, the supply-side of medical relief during the tenure of the Old Poor Law was bound by layers of complexity. This seemingly benign appeal for business by a local practitioner raises several important issues for historians of welfare, representing as it does the intersection of the often contradictory demands placed upon both practitioners and the parishes that often felt compelled to employ them on some indeterminate basis.<sup>2</sup> That the letter represents a repetition of a previously touted offer is significant, indicating that the prospect of obtaining a contractual agreement with Rotherfield was worthwhile to John Evans. Equally, that the parish appears to have equivocated over the previous communication from the doctor may suggest that they were of the opinion that at this specific time and place, it was a ‘buyers market’ when it came to procuring medical services for the parish. This then raises the important and perhaps fundamental question regarding the power relationships that existed between doctors and the parishes that purchased their services. The clear inclusion of exceptions to the contract also raises important questions regarding the doctor-parish relationship.

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<sup>1</sup> MSS.D.D.Par. Rotherfield Grey, c.11.

<sup>2</sup> As King, Williams and Tomkins note, these parochial arrangements with medical practitioners were well established by the late eighteenth century. Refer to S. A. King, *Poverty and Welfare in England, 1700-1850. A Regional Perspective* (Manchester: Manchester University Press, 2000), p. 35; A. Tomkins, ‘Paupers and the Infirmary in Mid-Eighteenth-Century Shrewsbury’, *Medical History*, 43 (1999), 208-227, esp. pp. 214-16; S. Williams, ‘Practitioners’ Income and Provision for the Poor: Parish Doctors in the Late Eighteenth and Early Nineteenth Centuries’, *Social History of Medicine*, 18 (2005), 159-186, esp. p. 146.



For example, were such exceptions to the ultimate benefit of the parish or practitioner? Answering such a question may shed important light onto the relationship, for as we shall see, these exceptions alone had the potential to add significant sums to the annual medical bill of a parish. Finally, that the doctor considered it prudent to stress the benevolent nature of his care is also instructive, for it implies that ‘humane’ treatment was also one of the primary considerations of the vestry when the medical relief of the sick poor was under consideration. Here then we have a microcosm of the factors that could shape the relationship between local officers and the individuals they paid to care for the sick poor of the parish. How parishes navigated the complex demands placed upon them to secure medical relief which struck a balance between adequate delivery and acceptable expense is therefore at the heart of the medical relief debate. How these often mutually exclusive demands were reconciled will therefore form the basis of this chapter, which will shed important new light onto the medical relief of the sick poor of Oxfordshire. In order to reconstruct the medical landscape of Oxfordshire, a brief survey of the historiography of medical practitioners will be undertaken, followed by a discussion of the source material that will inform the remainder of the chapter. A discussion of the facets of medical supply will then be entered into, covering the parochial use of lay professionals and doctors on both an *ad hoc* and contractual basis, as well as the growth of institutional medical provision throughout the period. The chapter will end by drawing some tentative conclusions regarding the questions outlined above, and seek to establish the centrality of supply-side factors to the whole medical relief debate.

### Historiographical Outline and Sources

The supply of medical relief during the Old Poor Law has become irrevocably tied up with the concept of a ‘medical marketplace’ during the eighteenth and early nineteenth centuries. Formulated by historians such as Roy and Dorothy Porter, Irvine Loudon and Anne Digby, this medical paradigm has sought to reconcile the supposed expansion of provision during the period with that of a burgeoning



consumer demand for the services that practitioners had to offer.<sup>3</sup> Within such a commercially inspired model, as Steven King has observed, several core generalisations have emerged. These essentially argue that the demand for medical services inspired a profusion of medical supply so that ‘for urban and middling people at the very least, the doctor became a common sight at times of illness’; that the profession was engaged in a battle to capture the medical lives of patients from irregulars; and that this process of professionalisation filtered ‘access to medicine down the social scale’.<sup>4</sup> Although one can discern a degree of social-class bias towards the middling and upper tiers of society within much of the historiography, historians have nevertheless alluded to the relationship between the Poor Law and practitioners within this broad conceptual framework of provision. If detailing the relationship between public provision and private practice has remained a relative side-show of the medical history discourse, historians have nevertheless sought to mould the dynamics of this relationship within the exiting paradigm, and have as a consequence established further generalisations which relate more particularly to the sick pauper experience.

Although Digby has argued that ‘generalising about the quality of medical services under the Old Poor Law is problematic because of the patchy survival and dispersed location of parochial archives’, there appears a degree of consensus among historians regarding the encroachment of ‘professional’ medicine upon the sphere of parochial provision.<sup>5</sup> Dorothy and Roy Porter have for example argued that throughout the latter half of the eighteenth century, ‘surgeons and apothecaries became increasingly involved in the community, through working as Poor Law surgeons’, whilst Alannah Tomkins and Samantha Williams have suggested that such relationships were often even more entrenched than this.<sup>6</sup> Irrespective of the chronology however, most historians would appear to concur with Loudon’s remark

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<sup>3</sup> For particular details concerning the minutia of the evolution and practise of the medical marketplace refer to: D. Porter and R. Porter, *Patients Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge: Polity Press, 1989); I. Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Clarendon Press, 1986); A. Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 2002).

<sup>4</sup> S. A. King, *A Fylde Country Practice: Medicine and Society in Lancashire, c. 1760-1840* (Lancaster: Centre for North West Regional Studies, 2001), pp. 1-3.

<sup>5</sup> Digby, *Making a Medical Living*, p. 224.

<sup>6</sup> Porter and Porter, *Patients Progress*, pp. 131-2; Williams, ‘Practitioners’ Income’, esp. pp. 160-61; Tomkins, ‘Paupers and the Infirmary’, esp. pp. 214-16



that these arrangements were both ‘positive and valued’.<sup>7</sup> The overall trend within the historiographical writing on the evolution of medical provision between the parish and practitioner therefore implies the development of a symbiotic relationship from which the pauper was the ultimate beneficiary. Ever adaptable to developments in the modes of medical delivery such as practitioner contracts, or the emergent infirmaries and psychiatric institutions for example, the Old Poor Law is portrayed as a dynamic organisational framework that sought to marry the needs of the sick poor with the strictures of an expanding market for medicine.<sup>8</sup> Although Karl de Schweinitz has argued that the Old Poor Law ‘had nothing to contribute to method in relief administration’, and that being ‘a creature of its times, it carried the handicap of too small a unit of operation and a discontinuous officialdom’, the character and capabilities of the Old Poor Law remain beyond reproach within much of the current historiographical canon.<sup>9</sup> Despite historians such as Loudon arguing that the standard of medical relief to the sick poor may have deteriorated during the final decades of the Old Poor Law<sup>10</sup>, the dominant view is that provision for the sick poor mirrored that of relief in general, providing to the poor the same that ‘a labourer in work could have procured for his family’.<sup>11</sup> This positive reading of the evolution of pauper medical relief has been articulated by Eric Thomas in unambiguous terms, stating that the services offered to the sick poor were both benevolent and effective.<sup>12</sup> Moreover, even though such provision was recognised as expensive, it is argued that the parish did not shirk from its responsibilities, especially within the small rural parishes that dominated the English landscape.<sup>13</sup> Although such views have been echoed by historians such as Joan Lane, Margaret Crowther and Richard Smith (albeit with some degree of qualification), it remains that such perspectives

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<sup>7</sup> Loudon, *Medical Care*, p. 234.

<sup>8</sup> E. G. Thomas, ‘The Old Poor Law and Medicine’, *Medical History*, 24 (1980), 1-19. See also M. E. Fissell, *Patients, Power, and the Poor in Eighteenth Century Bristol* (Cambridge: Cambridge University Press, 1991); M. E. Fissell, ‘The “Sick and Drooping Poor” in Eighteenth-Century Bristol and its Region’, *Social History of Medicine*, 2 (1989), 35-58; A. Tomkins, ‘Paupers and the Infirmary’.

<sup>9</sup> K. de Schweinitz, *England’s Road to Social Security. From the Statute of Laborers in 1349 to the Beveridge Report of 1942* (New York: A. S. Barnes, 1961), p.90.

<sup>10</sup> Loudon, *Medical Care*, p. 234. See also E. G. Thomas, *The Treatment of Poverty in Berkshire, Essex and Oxfordshire, 1723-1834* (Unpublished PhD Thesis, University of London, 1970), p. 96; J. Lane, ‘The Provincial Practitioner and his Services to the Poor, 1750-1800’, *Bulletin of the Society for the Social History of Medicine*, 28 (1981), 10-14.

<sup>11</sup> D. Marshall, *The English Poor in the Eighteenth Century. A Study in Social and Administrative History* (New York: Augustus M. Kelly, 1969), p. 123.

<sup>12</sup> Thomas, ‘The Old Poor Law and Medicine’.

<sup>13</sup> *Ibid.*



essentially lack a solid evidential base, and it is with this important proviso in mind that we now turn to the experiences of the sick poor of Oxfordshire.<sup>14</sup>

In attempting to evaluate the extent to which the above generalisations are applicable to the experiences of the Oxfordshire sick poor, it will be necessary to utilise a range of primary source material in order to shed light on this neglected aspect of relief within this under-researched county. Although Lane has stressed the primary importance of overseers ledgers for the research of medical relief,<sup>15</sup> as King has reasonably argued, the ‘bland figures’ recorded in these accounts often tend to ‘mask the face of sickness’.<sup>16</sup> If the face of sickness is to be revealed therefore, it is important to consider the relief of the sick poor within a wider evidential framework. Despite David Eastwood’s assertion that it is ‘difficult to reconstruct the way in which policy was shaped and implemented within parishes’, the patchy existence of parochial minute books and associated Poor Law miscellanea nevertheless permits important questions relating to the parish-doctor relationship to be addressed, and tentative conclusions to be drawn.<sup>17</sup> The observation by John Marshall that parochial relief during the Old Poor Law can be viewed as either ‘inconsistent’ or ‘profoundly adaptable’ would appear to be particularly apt given these circumstances, providing a salutary reminder of the often complex and multi-layered responses that were formulated within the parish.<sup>18</sup> This broad community-wide context of the supply-side of medicine will therefore be at the heart of the following exposition, as it is within this framework of formulating community-wide solutions to community-based problems that the development of the Poor Law medical services must be viewed.<sup>19</sup> In order to address these issues, this chapter will engage with the different, divergent, and often competing strands that together characterised the plurality of medical provision. For the purposes of clarity, the chapter will address what may be

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<sup>14</sup> See for example, J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001); A. Crowther, ‘Health Care and Poor Relief in Provincial England’, in O. P. Grell, A. Cunningham and R. Jutte (eds), *Health Care and Poor Relief in 18<sup>th</sup> and 19<sup>th</sup> Century Northern Europe* (Aldershot: Ashgate, 2002), pp. 203-219; R. M. Smith, ‘Charity, Self-Interest and Welfare: Reflections from Demographic and Family History’, in M. Daunton (ed.), *Charity, Self-Interest and Welfare in the English Past* (London: University College London Press, 1996), p. 24.

<sup>15</sup> Lane, *A Social History of Medicine*, p. 45.

<sup>16</sup> King, *A Fylde Country Practice*, p.18.

<sup>17</sup> D. Eastwood, ‘The Republic in the Village: Parish and Poor at Bampton, 1780-1834’, *The Journal of Regional and Local Studies*, 12 (1992), 18-28.

<sup>18</sup> J. D. Marshall, *The Old Poor Law, 1795-1834* (London: Macmillan, 1973), p.11.

<sup>19</sup> The parish-centred legal framework for welfare delivery meant that community inspired ‘solutions’ to the relief of the sick poor were by implication the norm, often irrespective of what statutory law stipulated or otherwise.



considered the key components of the supply-side of medical relief which, broadly speaking, trace the evolution of provision from the utilisation of parochial and domestic assistance to the sick, the increased prominence of medical practitioners within the relief matrix, and finishing with a review of the emergent institutional responses employed to meet the needs of the sick poor as the period drew to a close. This is not of course to state that these developments represented a seamless continuum, or that the adoption of one particular strategy eclipsed former arrangements. As will become clear, parishes were rather adept at employing a multiplicity of relief strategies when procuring medical relief. However, the broad distinctions that are employed within this chapter provide an insight into the evolution of policy within parishes over time and space, shedding important light upon not only parochial policy, but also the motivations which shaped these policy decisions. With these considerations in mind, the chapter will now turn to what was arguably the most ‘informal’ of parochial responses to the sick poor, namely the utilisation of the cumulative communal reservoir of medical ‘knowledge’ that was the preserve of the parochial lay practitioner.

### Lay Practitioners

Although Dorothy and Roy Porter have argued that in contemporary terms, ‘the maintenance of health and the battle against disease remained essentially individual responsibilities’, with families, friends and kinship networks ‘all providing succour in times of trouble’, as Smith has argued, this was not always an option for the sick poor.<sup>20</sup> The archival record makes clear that the intervention of the Poor Law in the lives of the afflicted poor was not uncommon throughout the eighteenth and early nineteenth centuries. At the most basic level, medical relief took the form of individual cash disbursements, with for example Widow Picktin of Whitchurch in receipt of the fairly modest sum of 4 shillings on account of ‘being ill’ in the year 1770-71, and Mary Laval of Garsington receiving a princely £2 13s. 6d. from January to May 1803 due to her being ‘not well’ and having what is variously

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<sup>20</sup> Porter and Porter, *Patients Progress*, p. 8. Smith argues that Poor Law resources were disproportionately directed towards those ‘whose family circumstances were such as to make it difficult for them to support themselves’. Smith, ‘Charity, Self-Interest and Welfare’, p. 33.



described as a ‘bad’ or ‘lame’ leg. Beyond these somewhat informal interventions however, the needs of the sick poor often required third-party ‘medical’ support.<sup>21</sup> Dorothy Marshall noted that the cure of more serious complaints was not left to the individual, with ‘the parish being accustomed to call in professional or semi-professional assistance’.<sup>22</sup> Hilary Marland reinforces this central interventionist point, and argues that in West Yorkshire at least, up to a quarter of all pauper medical complaints were attended by fringe personnel appointed by the Poor Law.<sup>23</sup> As the following extract from the Garsington overseer’s accounts testifies, pauper Sarah Smith was to experience a clear hierarchy of provision delivered by the parish:

	<u>£</u>	<u>s.</u>	<u>d.</u>
To Sarah Smith when ill	0	19	6
To Mrs Bromley nursing of Ditto	0	9	0
Mr Evans Bill he attendg. Sar. Smith	2	13	0
<b>Total:</b>	<b>£</b>	<b>4</b>	<b>1 6</b>

Source: O.R.O., MSS.D.D. Par. Garsington b.11, f. 24.

Despite their emphasis upon the responsibilities of kith and kin to provide succour during times of illness, even the Porters acknowledge that the employment of local women by the parish to deliver various forms of medical relief when ‘the need arose’ was commonplace during the period.<sup>24</sup> The regular use of Mary Bennett by Garsington for nursing activities, and the order in the Spelbury vestry ‘That Anne Cross be given 5<sup>sh</sup> for her attendance on the sick poor’ for example clearly indicates that the Poor Law was adept at utilising the pauper population in order to fulfil its ill-defined obligations towards the sick of the parish.<sup>25</sup> Whether convenience or economy fuelled the use of what may be termed lay-practitioners is difficult to

<sup>21</sup> PAR/287/5/F1/4, f.142; MSS.D.D. Par. Garsington, b.11., ff. 73-80.

<sup>22</sup> Marshall, *The English Poor*, p. 115.

<sup>23</sup> H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge: Cambridge University Press, 1987), p. 61. For an enlightening survey of the role of fringe practitioners during the period, refer to R. Porter, *Quacks, Fakers and Charlatans in English Medicine* (Stroud: Tempus, 2000).

<sup>24</sup> Porter and Porter, *Patients Progress*, p. 24.

<sup>25</sup> MSS.D.D. Par. Garsington, b.11, ff. 21, 24; PAR/246/2/A1/1. This point is also recognised by Howard-Drake in her study of Shipton and Leafield in Oxfordshire. J. Howard-Drake, ‘The Poor of Shipton under Wychwood Parish, 1740-62’, *Wychwood History Society Journal*, 5 (1998), 4-44, esp. p. 24. For context see O. P. Grell, ‘The Protestant Imperative of Christian Care and Neighbourly Love’, in O. P. Grell and A. Cunningham (eds), *Health Care and Poor relief in Protestant Europe 1500-1700* (London: Routledge, 1997), p. 57; Fissell, ‘The “Sick and Drooping Poor”’, esp. p. 44.



discern, although both were potential benefits from adopting this policy direction.<sup>26</sup> Such was the potential of this local welfare resource that the parish clearly sought to utilise these services beyond that of mere nursing duties performed on behalf of the housebound sick.<sup>27</sup> Indeed, as the bill to Swerford from Mary House totalling five shillings for house room and a 'promise to cure' in 1775 illustrates, the duties these unqualified 'practitioners' performed for the parish often crossed the threshold that divided palliative and curative interventions.<sup>28</sup> As the following extract from the Woodstock vestry minutes further testifies, these lay-practitioners were a vital component of the entire welfare matrix during the eighteenth century in particular.

at a Vesry held this Day by the Church Wardens, Overseers, & other Inhabitants it is agreed to give M<sup>rs</sup> Southam two Guineas & half for the Cure of James Smiths Leg; one Guinea to be paid immediately & the other Guinea & halfe so soon as we are fully satisfy'd of ye cure\_\_\_\_<sup>29</sup>

In certain medical arenas the Poor Law was particularly dependant upon the services of parish women. Although it has been argued that the *accoucheur*, or man-midwife, increasingly 'elbowed out the traditional female midwife during the course of the eighteenth century', for the Oxfordshire poor at least, midwifery remained one of these particular niches, and moreover one that endowed the humble lay practitioner with a degree of power and status within the medical cosmology of the parish.<sup>30</sup> As Digby has argued 'the custom of paying a midwife for deliveries was widespread, as was payment to a village woman to assist her. The former might be a professional midwife, licensed by the bishop at the beginning of our period, or merely a respectable village woman; the latter was often a pauper'.<sup>31</sup> In his submission to the Commissioners in 1834, the Reverend Blakiston was unequivocal on the widespread nature of this practice, and Oxfordshire was no exception to this general rule, with

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<sup>26</sup> Williams has argued that the use of 'unofficial' medicine was part of the parochial medical 'mixture'. Williams, 'Practitioners' Income', esp. p. 161. Lane has argued that 'nurses' during the period were also used to undertake basic medical procedures such as dressing wounds, which offered cost savings to the parish. Lane, *A Social History of Medicine*, p. 127. See also, A. Wear, 'Caring for the Sick Poor in St. Bartholomew's Exchange: 1580 -1676', in W. F. Bynum and R. Porter (eds), 'Living and Dying in London', *Medical History*, Supplement 11 (1991), 41-60, esp. pp. 45-53.

<sup>27</sup> Lane, *A Social History of Medicine*, p. 127.

<sup>28</sup> MSS.D.D.Par. Swerford, b.9, a. Digby has similarly argued that parishes could enter into 'payment by results' agreements, although, as in the case above, this 'rarely involved the parish surgeon' and underlined the 'the ambiguous relationship between medicine and trade'. Digby, *Making a Medical Living.*, p. 228.

<sup>29</sup> MSS.D.D. Par. Woodstock, c.12, p.241. April 2, 1758.

<sup>30</sup> Porter and Porter, *Patients Progress*, p. 22. Lane has argued that 'a midwives value to her community must have been considerable' during the period. Lane, *A Social History of Medicine*, p. 123.

<sup>31</sup> Digby, *Making a Medical Living. Doctors*, p. 231.



overseers accounts and vestry minutes abounding with references to payments to women for performing this most matronly of duties.<sup>32</sup> For individuals such as Elizabeth Sparhawk of Whitchurch, skills in midwifery could secure a seemingly fixed fee of five shillings per delivery and endow the role with some degree of occupational status.<sup>33</sup> The ‘career’ of Mrs Shippon in Dorchester also points to this process of ‘professionalisation’, when in the year ending 1799 the vestry agreed to allow her ‘£2-2-0 for past attendance on the Poor in cases of midwifery and to allow in future as the Parish shall think necessary’, and a further two guineas the following year ‘for attendance on poor women in Labour who could not help themselves to Michalmas Last’.<sup>34</sup>

Despite the encroachment by man-midwives into this essentially female terrain, it may be suggested that the dominance of the local female midwife nevertheless remained throughout the period of the Old Poor Law.<sup>35</sup> This resilience to the tide of medical ‘progress’ was in part due to the financial merit that was always at the heart of such parochial obstetric arrangements. Although organic in origin – whereby the maternal needs of communities were met by ties of kith and kin – such organisation of welfare was by its very nature economical to administer, and precluded the need to contract out midwifery to potentially expensive professional practitioners.<sup>36</sup> Consequently, it was entirely explicable therefore that the Whitchurch vestry would seek to engage in a pro-active strategy in order to contain the future demands that the pregnant poor would place on the parish, resolving that:

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<sup>32</sup> Report from His Majesty’s Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (C.), Communications No. 1 (1834), Rev. P. Blakiston, ‘Report on the Administration and Effects of the Poor Laws, more particularly in the County of Hants’, p. 3 c.

<sup>33</sup> PAR/287/5/F1/4, f.145, f.146. Williams, ‘Practitioners’ Income’, esp. p. 180; Lane, *A Social History of Medicine*, pp. 126-32. Reverend Blakiston remarked that local midwives were paid between four and five shillings per-delivery, which suggests that midwifery was considered an established medical intervention with an almost universal fee scale. Ibid.

<sup>34</sup> PAR/87/2/A1/2, ff. 6, 11. In the year ending 1803, Dorchester also granted Mrs Shippon an additional ‘Two Guineas for past attendance on poor Women’, PAR/87/2/A1/2, f. 23. Lane has similarly argued that women could forge a career as midwives during the period. Lane, *A Social History of Medicine*, pp. 121-4.

<sup>35</sup> As Williams has argued, midwifery practised by women remained largely the preserve of the poor, with wealthier members of society increasingly employing man-midwives, or *accoucheurs*. Williams, ‘Practitioners’ Income’, esp. p. 180.

<sup>36</sup> Loudon argues that the art of midwifery was passed on through the community, usually down the family-line, and as such arguably attained a degree of quasi-occupational status. Loudon, *Medical Care*, p. 87. Crowther strongly argues that that midwives were preferred to doctors due to the cost savings. Crowther, ‘Health Care and Poor Relief’, p. 209.



the widow Bruckland[?] be sent to the Brownlow Street Lying-in Hospital, for the purpose of learning Midwifery, and that the Overseers of this Parish do pay the necessary Expences attending the same, also that they do immediately provide her with such articles of weaving Apparel & Necessaries as are found requisite for her to have.<sup>37</sup>

The desire of Whitchurch to train its own poor in the art of midwifery was a practical response to a problem faced by all parishes. Such manoeuvres undoubtedly represented a significant potential saving to the parish, and of course local ratepayers who both funded and dominated the hierarchies of the Poor Law. That midwifery was a commonplace exception listed in the medical contracts that increasingly became a feature from the late eighteenth century indicates that it was recognised to be a potential weakness in attempts at relief economy, and that to ‘medicalise’ the obstetric care of the poor would render the parish vulnerable to the rapacious and opportunistic whims of local doctoring elites. Consequently, despite the onset of professional, contractual, and institutional medical ‘progress’ as the Old Poor Law waned, the local midwife was to remain an essential component of the medical architecture of the parish, and for seven shillings and sixpence, parishes such as Rotherfield Greys could still depend upon women for ‘attendance and midwifery’ as late as 1826.<sup>38</sup>

### Parochial Employment of Non-Contractual Medical Practitioners

It was Agreed To Allow Elenor Griffin for assisting Pinfolds[?] wife 23 days & 14 Nights The sum of 1 pound 17 shillings It was also Agreed To Apply to Mr Bat of Witney For Rose Pinfold[?] Affliction'.<sup>39</sup>

Despite the entrenched nature of particular aspects of relief delivery, it is important to acknowledge that parishes were not immune from wider trends in medical provision. For example, the elaborate nature of welfare provision which existed within the local parish increasingly entailed the employment of more formalised medical interventions, despite ‘no explicit legal justification’ for this practice

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<sup>37</sup> PAR/287/2/A/1, p. 89. December 6, 1812.

<sup>38</sup> In August 1825, Mrs Armdulls[?] received payment of seven shillings and sixpence for attendance and midwifery. MSS.D.D. Par. Rotherfield Greys, c.8. Refer to Loudon and Digby in particular for a detailed account on the professionalisation of medicine and the rise of the medical marketplace. Loudon, *Medical Care*; Digby, *Making a Medical Living*.

<sup>39</sup> PAR/97/2/A1/1, f. 47. October, 1825.



existing.<sup>40</sup> The parochial use of regular practitioners for example indicates a desire – or perhaps a need – to meet the medical needs of the sick poor that were deemed beyond the capabilities of lay practitioners within the parish.<sup>41</sup> This would appear to indicate that the practice of drafting in apparently qualified individuals was considered an essential component in fulfilling the ill-defined stipulations regarding the care of the ‘lame, impotent and poor’ as set out in the Act of 1601. As the extract from the Enstone vestry minutes above indicates, whilst the employment of lay-practitioners was usually the first port of call in the parochial medical hierarchy, it was often the case that such forms of relief were deemed inadequate, and that consequently the services of what may be termed ‘professional’ practitioners were ultimately drawn upon.<sup>42</sup>

The longevity of this practise is clearly documented throughout the life of the Old Poor Law, with individual instances of sickness or injury being of particular interest to the itinerant practice of professional medicine. The case of Charles Widdows in Dorchester for the year ending 1745, who was ‘Alow’d Reasonable Satisfaction for Attending, the wife of Tho’s Saywell and paid for his attendance the times to come’, and the unnamed individual who was paid ‘Two Pounds Twelve shillings and six pence...for the cure of Eliz Betteridge’ in 1762, were unexceptional examples of the periodic employment of medical men when it was considered prudent.<sup>43</sup> These arrangements were seemingly woven into the very fabric of the local welfare matrix, as they offered both an element of convenience and competency when dealing with the diverse range of ailments that presented themselves to the

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<sup>40</sup> King, *Poverty and Welfare*, p. 33. The disjuncture between statute law and local practice has also been observed by Marshall and Schweinitz. Refer to: Marshall, *The Old Poor Law*, p. 11; Schweinitz, *England’s Road to Social Security*, pp. 79-80.

<sup>41</sup> Thomas, *The Treatment of Poverty*, p. 59. Digby has argued that parishes ‘preferred to pay for medical and surgical treatment on the basis of services actually performed by the local surgeon-apothecary’, which would explain the proliferation of such appointments within the overseers accounts, vestry minutes and parochial correspondence of Oxfordshire. Digby, *Making a Medical Living*, p. 225.

<sup>42</sup> As the case of Rose Pinfold[?] indicates, the potential cost of such a change in relief direction could render parishes reluctant to enter into such arrangements in haste. When deemed necessary for the prospects of the patient however, it is nevertheless clear that parishes increasingly sought to utilise the ‘expertise’ of the medical professional within a wider economy of medical expediency. Marshall is somewhat more critical on this point, arguing that in some cases at least, the calling in of doctors to treat the poor by parish officials was a last resort, ineffective, and often a combination of the two. Marshall, *The English Poor*, pp. 116-7

<sup>43</sup> PAR/87/2/A1/1, ff. 24, 46. April 22, 1744; November 29, 1761.



relieving authorities of the parish.<sup>44</sup> Such considerations meant that the desire of Swerford parish to engage the services of Thomas Macock for 'setling & curing broken Thigh'<sup>45</sup> at a cost of three guineas for the year ending 1775, could exist on a continuum that stretched into the nineteenth century, with J<sup>as</sup>. Lawrence being paid five guineas by Rotherfield Greys for the 'cure of Abram Stone fut' in April 1804.<sup>46</sup>

That parishes sought to engage doctors on an informal and non-contractual basis should not however blind us to the fact that such arrangements could in themselves develop into long-standing associations between practitioners and the parish. The career of John Moore is one such case in point. Using the extensive collection of bills and receipts that survive for the parish of Rotherfield Greys, it is possible to discern the close ties that could exist between those that sought to procure medical services on behalf of the sick poor, and the medical men that were selected to fulfil these medical needs. Paid two guineas for the 'cure of William Huttons childs eyes' in November 1788, Moore was clearly considered to be of some repute by the vestry, for their decision to employ him periodically into the 1790's indicates that such an association was considered beneficial to the parish.<sup>47</sup> Moreover, his treatment of John Taylor in particular in the period 1793-5 sheds light on the continuity of care that even such informal medical arrangements could produce. His bill of twelve shillings for 'medicines & attendance on John Taylor', one shilling and sixpence for a box of 'refining pills', and a further four shillings and sixpence for 'Powders, Drops & Plasters' over the period indicates that although operating within an informal parochial medical economy, individuals such as Moore could establish both a reputation and preferential status when the intervention of a doctor was required.<sup>48</sup>

Such arrangements offered both parish and pauper a distinct episodic package of care, which represented the commitment of specific doctors to particular ailments and ailing paupers, and meant that those whose job it was to commission medical relief could execute their obligations without undue interventions. The bill presented

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<sup>44</sup> The employment of John Moore by Rotherfield Grey in May 1793 at a cost of eight shillings and sixpence for medicines for W<sup>m</sup>. Wheelers wife with 'Epidemical fever' illustrates the flexibility of such informal medical arrangements. MSS.D.D.Par. Rotherfield Greys, c.5.

<sup>45</sup> MSS.D.D.Par. Swerford, b.9 a.

<sup>46</sup> MSS.D.D.Par. Rotherfield, Greys c.6.

<sup>47</sup> MSS.D.D.Par. Rotherfield Greys, c.5.

<sup>48</sup> Ibid. Although it is argued by Williams that relationships between contracted doctors and parishes could be prolonged, it would appear that this could also be the case for even non-contracted practitioners. Williams, 'Practitioners' Income', esp. p. 181.



to the Northmoor vestry by Augustine Batt in the year ending 1767 is a case in point, with the 'medicines internally given and externally apply'd to Jos. Ridges illness attendance and cure all included' totalling £5 12s. 10d.<sup>49</sup> Likewise, Taynton could be content that the seven pounds it had to outlay to J<sup>a</sup>. Hunt in 1786 included 'Medicines, Journeys, Dressing, & Curing Eph<sup>m</sup>. Davis'.<sup>50</sup> This degree of 'certainty' that could be attributed to this 'packaged' mode of care was perhaps best exemplified when parishes sought to deal with the out-parish sick poor. When the vestry of Henley St. Mary 'Ordered...That Mr Hickman of Great Marlon[?] be paid Bill as Delivered £1-13-6 for attending J<sup>as</sup>. Plunknett[?]', and Rotherfield Greys forwarded nine shillings and sixpence on account of the 'Bill for medicines for Hannah Wheeler in Reading', it may be suggested that such payments represented the most expedient method of medical relief that the parish of settlement could utilise.<sup>51</sup> Bound up with such considerations was the desire of parishes to treat the sick poor *in situ* whenever practicable, due to the financial and often contagious implications that could ensue should the out-parish sick be removed from their place of residence. Indeed, such were the potential expenses that were bound up in the issues of sickness and settlement, that it is possible to discern an apparent generosity towards those afflicted beyond the parish bounds. The order by the Banbury vestry 'That Mr Bartons Bill for Medicine etc for J. Kimberley's Wife be paid am<sup>t</sup> £6-17-0 and that 1£ be sent to J. Kimberley', and that 'the Bill of E. Gill, Surgeon of Bedworth, for Medicine and attendance on Thos. Dowson be immediately paid, and that the overseers do take an early opportunity of visiting Thos. Dowson', indicates that a degree of superficial concern and urgency characterised much of the medical relief of the out-parish poor.<sup>52</sup> Such relationships – governed by the binding laws of settlement – could place the home parish at a distinct disadvantage when negotiating the medical relief of the poor they were duty bound to support.<sup>53</sup> The position that sickness often placed parishes in was therefore highly subject to influences that were beyond their control. As the case of James Weller of Whitchurch illustrates, the desire to placate the out-parish pauper in cases of sickness often ran counter to the immediate parochial wish to question and ultimately curtail parish expenditure:

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<sup>49</sup> MSS.D.D.Par. Northmore, b.1, Item b.

<sup>50</sup> MSS.D.D.Par. Taynton, c.2, a.

<sup>51</sup> MSS.D.D.Par. Henley St. Mary, c.1, April 15, 1812; MSS.D.D.Par. Rotherfield Greys, c.5, December, 1804. Williams, 'Practitioners' Income', esp. p. 161; Loudon, *Medical Care*, p. 231.

<sup>52</sup> MSS.D.D.Par. Banbury, c.36, ff. 100, 112. April 6, 1824; October 23, 1820.

<sup>53</sup> The treatment afforded to the out-parish poor is dealt with in more detail in subsequent chapters.



James Weller Shoemaker having lost his Wife, applies to this Vestry to ask the assistance of the Overseers to enable him to provide a Woman as nurse to his Family, having six Children; he also has a Bill from D<sup>r</sup> Smith for Medicines etc for his Wife during her illness, amounting to £6-0-3 which he is quite unable to pay, the Overseer is required to pay the Bill under the indemnification of Rev<sup>d</sup> W.A. Hammond, and Weller is granted the sum of 4/- p<sup>r</sup> Week.<sup>54</sup>

Despite his inability to pay for the doctor, such financial limitations did not prevent Weller from engaging his services. Nor significantly did such shortcomings prevent the doctor from undertaking to care for and provide medicines to Weller's late wife. Although Williams has argued that the sick poor 'usually had to spend their own money first before trying to gain reimbursement' from the parish, as the example of Weller indicates, this was not always the case. Indeed, the case of Weller implies that there was almost an expectation on the part of both pauper and practitioner that the parish would ultimately pay the outstanding debts that had accumulated.<sup>55</sup> Presenting bills to the vestry at the end of such medical interventions represented a form of *coup de gras* on the part of both the pauper and the practitioner, which posed a real dilemma for parishes that had to navigate and reconcile the endless demands for relief with a limited tax-base. Such conflicting and often mutually exclusive parochial circumstances undoubtedly led to the desire to implement more rigorous, ring-fenced, and as a consequence formalised systems of medical relief delivery, and the emergence of parochial medical contracts represented one such attempt to address this structural weakness of the Old Poor Law.

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<sup>54</sup> PAR/287/2/A/1, p. 199. April 12, 1830.

<sup>55</sup> Williams, 'Practitioners' Income', esp. p. 161. Flinn has argued however that doctor's fees and drugs were 'beyond the pockets of all classes below the better-paid skilled workers', which compelled 'society to intervene and offer help'. M. W. Flinn, 'Medical Services under the New Poor Law', in D. Fraser (ed.), *The New Poor Law in the Nineteenth Century* (Basingstoke: Macmillan, 1976), p. 45. The expectation that medical bills would (and indeed should) be underwritten by the parish is a common feature of pauper letters.



## The Implementation of Medical Contracts

It being the opinion that a considerable saving would have been effected in the Medical Expences for the last year if a Contract between the Parish and the Doctor had been entered into and in order to profit by experience it is the unanimous opinion that the medical expences of the Poor for the present year should be set by way of Contract or agreement between the Parties.<sup>56</sup>

Although Dorothy and Roy Porter argue that the term ‘professionalisation’ is not applicable to the eighteenth century medical landscape, as ‘Georgian patients had little conception of the medical profession as a comprehensive entity, as a collective abstraction’, the medical profession nevertheless witnessed a degree of evolution, not least in respect of its relationship with the Poor Law.<sup>57</sup> Contracts in particular presented local officials with opportunities to re-shape the model of care that operated within the parish. As Marshall suggests, contracts meant that parish officials could ensure that the sick poor were tended ‘without their having to give personal attention to every case’, and represented potential cost savings to the parish and ratepayers.<sup>58</sup> Consequently, as Williams and Loudon have persuasively argued, ‘from the late eighteenth century through to the New Poor Law system of the 1830’s there was a gradual change. Item of service payments were largely replaced by salaries’, as ‘vestries found it easier to control expenditure through a salaried system than an open-ended one’.<sup>59</sup> As the above extract from the Bampton vestry minutes of April 20, 1825 indicates, the adoption of medical contracts – whereby practitioners were appointed for set periods of service at set costs – was one of the most practicable ways by which the parish could attempt to ‘fix’ expenditure whilst meeting the medical needs of the sick poor. The stress on the ‘considerable saving’ that such an arrangement could present was indeed an attractive inducement to parishes that sought to square the circle of meeting the divergent needs of both the sick poor and local ratepayers.

Although historians of medical relief have emphasised the emergence of more formal contractual relationships between the Poor Law and doctors as the

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<sup>56</sup> PAR/16/2/A1/2, f. 90. April 20, 1825.

<sup>57</sup> Porter and Porter, *Patients Progress*, p. 69.

<sup>58</sup> Marshall, *The English Poor*, p. 121.

<sup>59</sup> Loudon, *Medical Care*, p. 234; Williams, ‘Practitioners’ Income’, esp. p. 164. Howard-Drake notes that the employment of practitioners on an *ad hoc* basis meant that it was hard to contain expenditure, as these payments only constituted ‘a small part of the overall cost of treatment’. Howard-Drake, ‘The Poor of Shipton under Wychwood’, p. 23.



eighteenth century merged seamlessly with the nineteenth, to what extent is this characterisation borne out by the local experience in Oxfordshire? Vestry minutes suggest that the desire to 'cap' expenditure was one of the principal motivations behind the implementation of such contracts. Indeed, the Bampton vestry were quite explicit that such arrangements were above all else designed to control expenditure, stating in April 1824 that:

...it was unanimously agreed that 30 Pounds shall be the most money which shall be given for the salary for the medical man which sum shall include all charges for pestilential diseases and or surgical cases of any description.<sup>60</sup>

Such irresistible logic was not confined to the fine citizens of Bampton moreover, with the Spelbury vestry just as fervently resolving in June 1824:

That proposals be received from different Medical Persons stating the sum at which they are willing to undertake the attendance and medical aid to be afforded to the sick poor of this Parish pr ann. The Proposals to be given in before the next Select Vestry.<sup>61</sup>

The promise of economy was therefore central to movements towards placing medical relief on a formal contractual footing. Indeed, in order to limit expenditure, as the entry from Spelbury indicates, parishes were even willing to engage in a tendering process by which they could 'cherry-pick' the most favourable terms which could be extracted from doctors. Of course, not all contractors were in this negative bargaining position, with the minutes of Burford recording in April 1810 that doctors Chavasse and Pitt 'declined undertaking the Medical care of the Poor on the Usual terms'.<sup>62</sup> Unabashed, the vestry merely 'ajourned to 15th May to receive tenders for that purpose', thereby demonstrating their commitment to curtail the cost of medical expenditure by means of squeezing the margins of those employed to carry out such medical interventions on behalf of the parish.<sup>63</sup> This desire to extract the maximum treatment for the lowest initial outlay was therefore at the heart of movements towards contracting out medical relief. To what extent did these policy impulses impact upon the implementation of the medical contract in Oxfordshire during the tenure of the Old Poor Law however?

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<sup>60</sup> PAR/16/2/A1/2, f. 86. April 21, 1824.

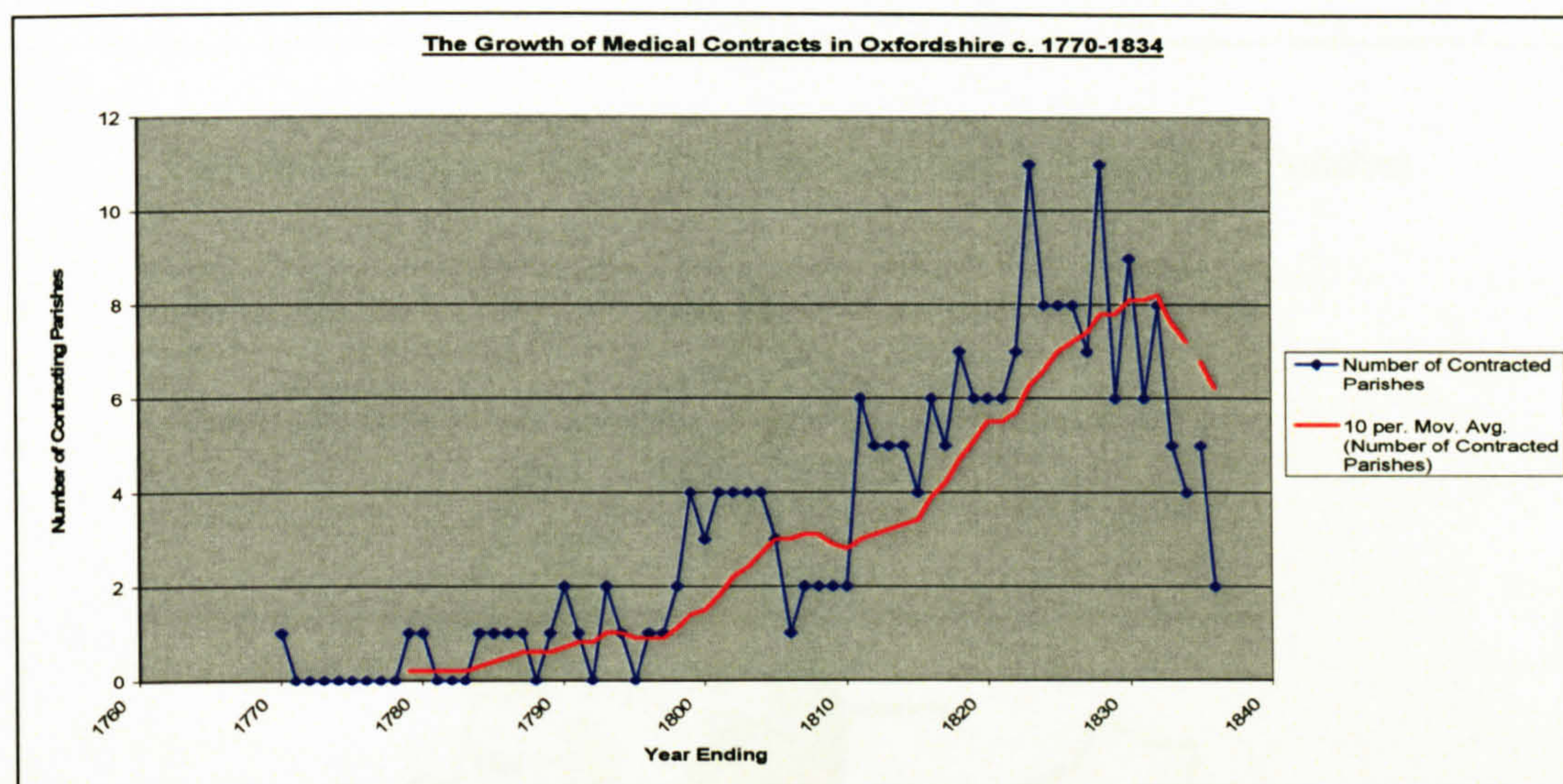
<sup>61</sup> PAR/246/2/A1/1, June 28, 1824.

<sup>62</sup> MSS.D.D. Par. Burford, e.3. April 24, 1810.

<sup>63</sup> Ibid.



Figure 3.1



Source: O.R.O.

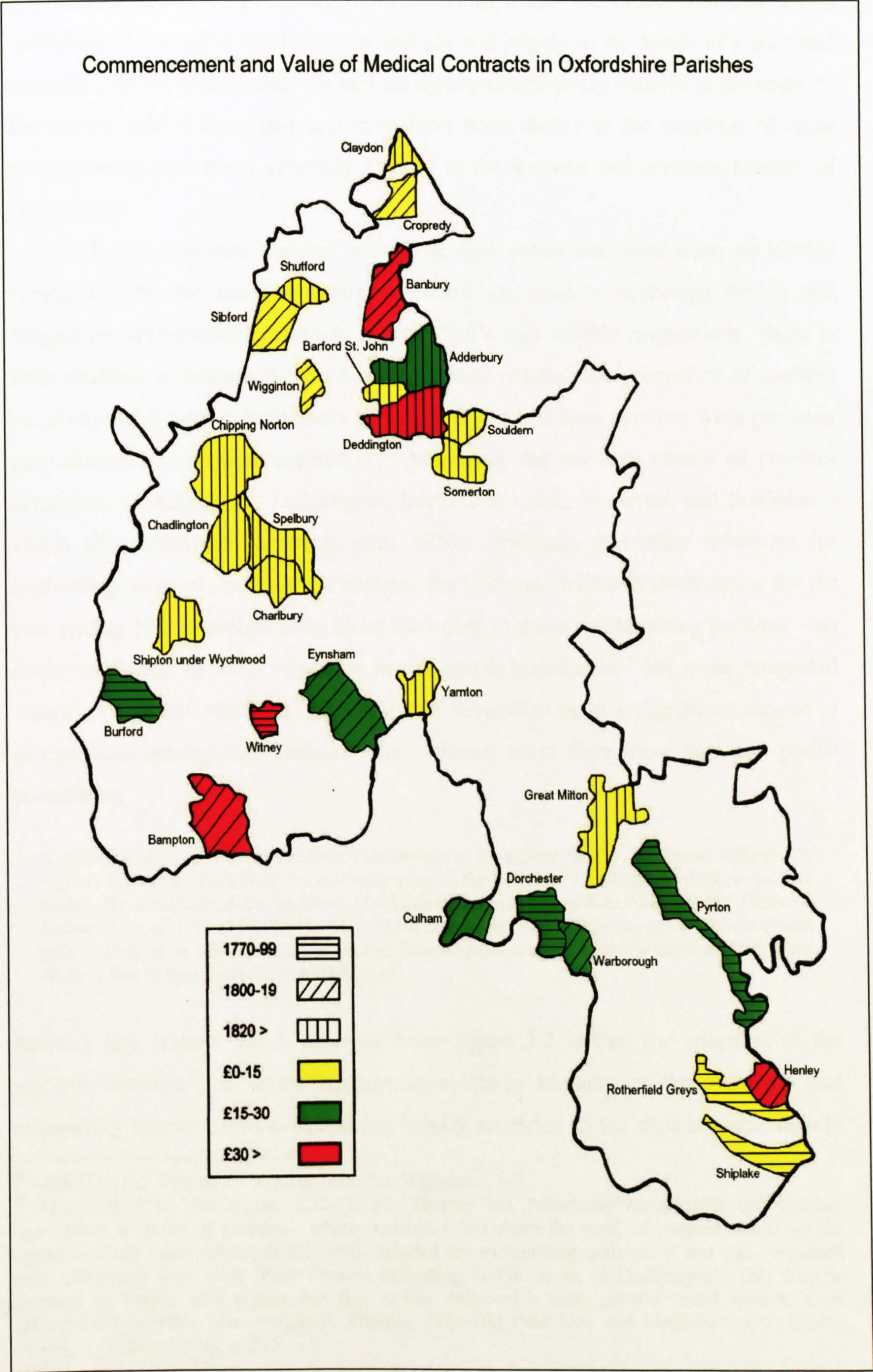
Figure 3.1 clearly indicates that for parishes for which robust sources remain, the medical contract in Oxfordshire was – as Digby and Thomas in particular have argued more generally – largely a child of the late eighteenth and early nineteenth centuries.<sup>64</sup> Of course, this is not to imply that potentially many more parishes did not formally engage the services of medical professionals, but that when these arrangements are clearly set out as a matter of local policy, the emergence of such contractual ties appears to be remarkably languid throughout Oxfordshire, echoing Lane’s findings for Warwickshire.<sup>65</sup> Given this remarkably slow uptake of an arrangement that seemingly guaranteed fixed costs to the parish for general medical provision, to what extent can it be argued that the existence of a medical contract in and of itself acted as a guarantor against potentially high expenditure upon medical relief within individual parishes? As Figure 3.2 indicates, the ‘rolling-out’ of contractual medical arrangements across Oxfordshire cannot be said to represent an orderly transition from the *ad hoc* to the pre-orchestrated provision of sickness relief.

<sup>64</sup> For the purposes of this analysis, ‘robust’ sources are the actual contractual agreements between parishes and practitioners, which state the terms of specific contracts, and the level of commensurate remuneration. Digby, *Making a Medical Living*, p. 225; Thomas, ‘The Old Poor Law and Medicine’, pp. 7-8. See also Flinn, ‘Medical Services’, p. 47 and S. Webb and B. Webb, *English Poor Law History, Part I: The Old Poor Law* (London: Frank Cass, 1963), pp. 304-8. The apparent tailing off of the number of parishes engaging in contractual relationships with doctors during the 1830’s evident in Figure 3.1 is arguably more apparent than real. The tendency of vestry minutes to become mere records of parish appointments during the final years of the Old Poor Law, and to consequently relegate the discussion of policy became commonplace in Oxfordshire.

<sup>65</sup> Lane, ‘The Provincial Practitioner’, p. 11. Lane has argued that for rural parishes in particular, per-capita payment remained the most common form medical arrangement between parishes and practitioners even into the 1830’s. Lane, *A Social History of Medicine*, pp. 49-50.



Figure 3.2



Source: O.R.O.



However, despite the apparently sporadic development of the professionalisation of provision, it is possible to discern some patterning across the county. Parishes which undertook to formalise medical relief and place it largely in the hands of a paid and annually appointed individual the earliest were predominantly situated in the south of the county, whilst those that appear to have been tardier in the adoption of these arrangements were more generally located in the western and northern reaches of Oxfordshire.

Despite this intra-regional patterning, such policy decisions were not always conditioned by the need or desire to curtail expenditure. Although Pyrton and Wigginton implemented contracts in the 1780's and 1800's respectively, there is little evidence to suggest that such arrangements reduced the proportion of medical relief expended upon practitioners in the 1790's, when both parishes were pursuing very different medical arrangements.<sup>66</sup> Moreover, the northern cluster of parishes comprised of Adderbury, Deddington, Barford St. John, Somerton and Souldern – which all entered into contracts after 1820 – indicates that other rationales for contracting were evident. As the contract for William Griffin at Deddington for the year ending 1825 highlights, the close inter-play of these neighbouring parishes – no doubt reinforced by local migration across parish boundaries – led to an integrated system of medical relief provision that was dependent upon a significant degree of co-operation among communities which shared more than mere common parish boundaries:

Resolved that in future the Medical Attendance to be agreed for by the Parish officers do include the cases of all Poor Persons belonging to the parish of Deddington whether residing within the parish or in the parishes of Aynho, Somerton, Souldern North Aston Dunstew Lower Warton[?] Great Barford Little Barford Bloxam an Adderbury, but not to include casual poor belonging to other places nor broken Bones small pox or excessive cases in Midwifery when called in by a Midwife in attendance.<sup>67</sup>

Another key feature which emerges from Figure 3.2 is that the adoption of the medical contract (for which supporting evidence remains in the archive), was remarkably sparse across Oxfordshire; largely restricted to the decades immediately

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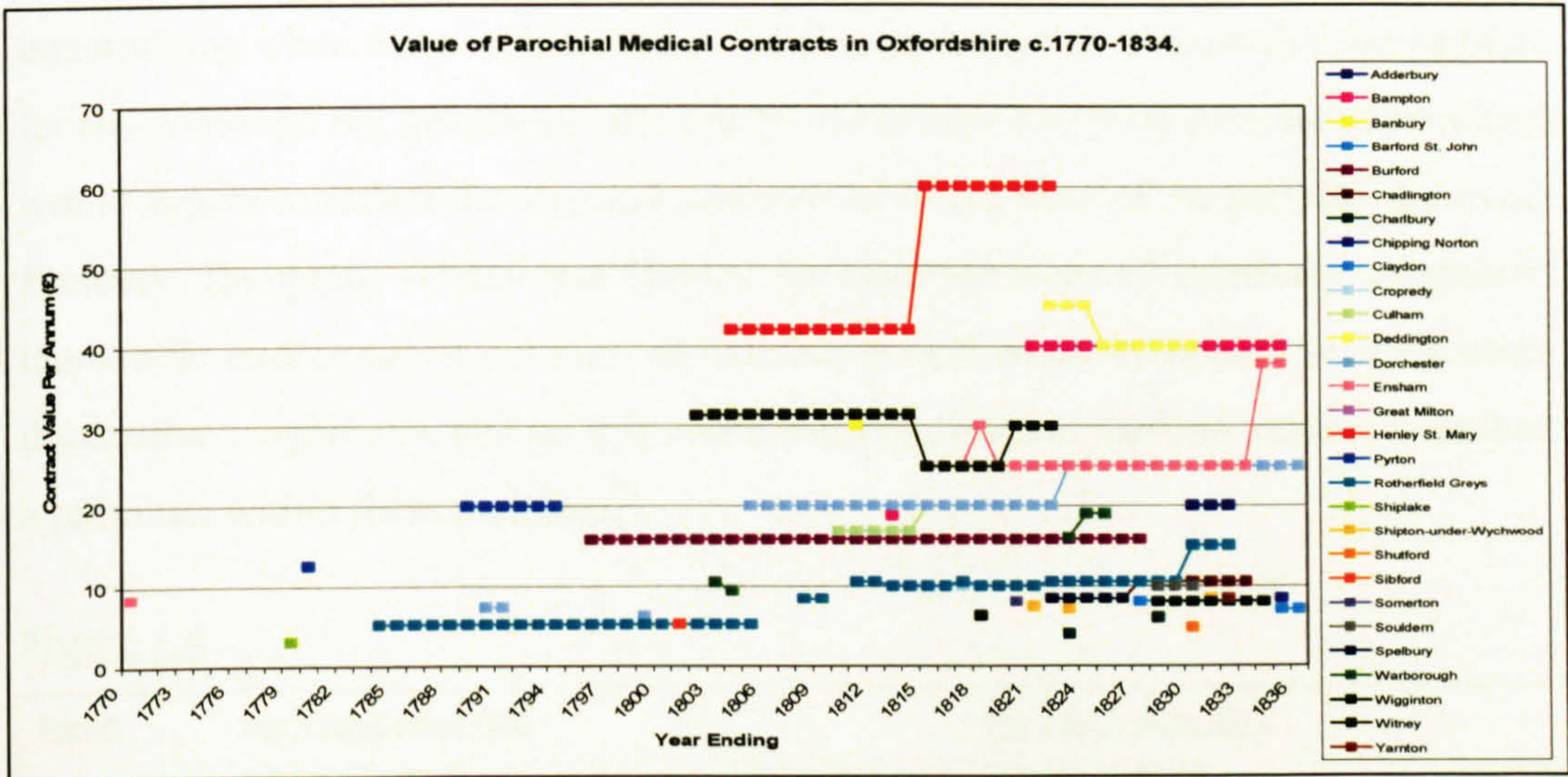
<sup>66</sup> MSS.D.D. Par. Pyrton, c.4-5; MSS.D.D. Par. Wigginton, b.8.

<sup>67</sup> MSS.D.D. Par. Deddington, b.22, f. 32. Thomas has incorrectly argued that this contract represented a 'union of parishes...where parishes could share the cost' of medical relief. As the contract clearly states, although the remit included ten surrounding parishes, it was still concerned with inhabitants who were 'Poor Persons belonging to the parish of Deddington'. This error is repeated by Digby, who argues that this 'union' reflected a more general 'trend towards more systematised poor-law administration'. Thomas, 'The Old Poor Law and Medicine', p. 8; Digby, *Making a Medical Living*, p. 226.



before the demise of the Old Poor Law; and subject to marginal intra-regional patterning over the period under consideration. Although the medical contract was increasingly a feature of the early nineteenth century, important questions regarding the relationship between medical practitioners and contracting parishes remain. As alluded to above for example, did the period represent a buyer's or a seller's market, or a combination of the two?

Figure 3.3



Source: O.R.O.

One way in which this question may be addressed is through a consideration of the value of contracts that were awarded to practitioners by Oxfordshire parishes. Figure 3.3 indicates that expenditure at parish level upon such arrangements was remarkably stable throughout the period 1770-1836, and lends weight to Digby's assertion that the value of contracts in eighteenth century rural areas were usually between five and ten guineas per-annum.<sup>68</sup> In this respect, Loudon's claim that salaries usually rose with inflation, and that this indicates that 'a value was put on the services of the parish surgeon', is not seemingly borne out by the Oxfordshire data.<sup>69</sup>

When combined with data concerning the date of contract adoption, subtle patterns can be discerned regarding the relationship between contract adoption and the respective value of these medical arrangements. Figure 3.2 clearly indicates that

<sup>68</sup> Ibid. In the case of Pyrtton, even Loudon's claim that salaries could be as high as 18 guineas has some validity. Loudon, *Medical Care*, p. 232. The Pyrtton medical contract was worth 400 shillings (19 guineas) per-annum for the period 1789-94.  
<sup>69</sup> Digby, *Making a Medical Living*, p. 234. Joan Lane has likewise argued that the remuneration of doctors meant that the care of the poor was on an equal footing with that enjoyed by other non-pauper parishioners. J. Lane, 'The Provincial Practitioner', pp. 10-14.



contracts valued between £0-£15 were predominantly located within the northern half of the county, and were also prone to exist within localised clusters, which is particularly evident around the parish of Chadlington.<sup>70</sup> For the intermediate expenditure band of contracts valued between £15 and £30, the pattern is more dispersed, although a slight clustering is also evident in the south of the county around Dorchester, contiguous to the Berkshire county border. Parishes at the top-end of the contractual expenditure spectrum, at above £30 per-annum, were more dispersed still when compared to the other expenditure bands, but this is somewhat unsurprising when one considers the gulf between the parish’s respective expenditure levels. Although not geographically linked, these high levels of absolute expenditure would appear to reflect the size and commercial importance of the parishes involved. Banbury, Bampton, Witney and Henley for example were all relatively substantial mercantile and/or urban parishes during the period when compared to their more diminutive neighbours, and so it is entirely explicable that medical contracts fetched a premium within these parishes.<sup>71</sup>

Figure 3.4

<u>Parish</u>	<u>For Year-Ending 1802</u>			<u>For Year-Ending 1812</u>		
	<u>Annual Contract Value</u>	<u>Population</u>	<u>Pence Per Head</u>	<u>Annual Contract Value</u>	<u>Population</u>	<u>Pence Per Head</u>
Burford	£15-15-0	1725	2.2	£15-15-0	1584	2.4
Dorchester	£5-5-0	913	1.4	N/A	N/A	N/A
Rotherford Greys	£5-5-0	677	1.9	£10-10-0	668	3.8
Witney	£31-7-6	4087	1.8	£31-10-0	4185	1.8
<u>Parish</u>	<u>For Year-Ending 1822</u>			<u>For Year-Ending 1832</u>		
	<u>Annual Contract Value</u>	<u>Population</u>	<u>Pence Per Head</u>	<u>Annual Contract Value</u>	<u>Population</u>	<u>Pence Per Head</u>
Burford	£15-15-0	1686	2.2	N/A	N/A	N/A
Dorchester	£20-0-0	999	4.8	£25-0-0	1029	5.8
Rotherford Greys	£10-0-0	717	3.5	£15-0-0	1145	3.1
Witney	£31-0-0	4518	1.6	N/A	N/A	N/A

Source: O.R.O; *Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821, and 1831; with the Annual Value of Real Property in the Year 1815* (London: 1831).

Indeed, it could be argued that due to the demands placed upon the Poor Law in general, and medical relief in particular in these potentially unhealthy close-packed

<sup>70</sup> Thirteen of the seventeen parishes within this contract value range were located within the northern half of Oxfordshire.

<sup>71</sup> As Lane has argued, contracted parishes were predominantly located within larger towns. Lane, ‘The Provincial Practitioner’, pp. 10-11.



population centres, doctors were at a distinct disadvantage when trying to profit from such contracts due to the per-capita expenditure allocation and the difficulties calculating the attendant risk involved in accepting a fixed sum in return for what had the potential to be unlimited demand. Moreover, as Figure 3.4 indicates, the per-capita value of medical contracts could remain remarkably stable over time – particularly within established county towns such as Witney and Burford – suggesting that contract values were perhaps in part shaped by the volume of pauper patients doctor's would be expected to treat throughout the duration of the agreement.

In parishes for which contract values and timings are known, the sources also suggest that an inverse relationship existed across Oxfordshire between the date of adoption and the value of the contract over time. Parishes which were the first to adopt the contractual system appear predominantly to consist of those that would ultimately offer the highest returns to doctors, with two-thirds of parishes which entered into contracts before 1820 offering a stipend of £15 per-annum or above. This was in marked contrast to parishes which resisted such formalised arrangements until the 1820's, whereby over eighty percent of parishes offered contracts that would never exceed £15 per-annum.<sup>72</sup>

If contract values were thus relatively inelastic over the final decades of the Old Poor Law, to what extent was this due to the impact of competition that forms the cornerstone of the medical marketplace paradigm? Digby in particular has argued for the emergence of a more competitive medical marketplace at the end of the Napoleonic Wars, and that an increase in the number of competing practitioners meant that 'the parish could strike a harder bargain, either paying doctors less or demanding more services for the same contract payment'.<sup>73</sup> Strategies to squeeze the maximum return from the minimum outlay are clearly evident in the Oxfordshire archive, as the following excerpt from the Bampton vestry minutes indicates:

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<sup>72</sup> Data supplied by Williams for Bedfordshire indicates that although stipend values were generally lower than for Oxfordshire, no significant trend was evident in respect of late adoption and value of stipend, although there is some evidence of late adopters entering at a low stipend threshold. Williams, 'Practitioners' Income', p. 178, Figure 2.

<sup>73</sup> Digby, *Making a Medical Living*, p. 226.



General meeting to appoint a Medical Gentleman for the year: It was put to the question Whether the Vestry would give the Medical gentleman for the present year £35, leaving surgical cases to be paid for as extras. The Votes were accordingly taken when it appeared that the question was carried in the negative by 31 votes to 29. It was then proposed that an Advertisement be inserted in the Oxford Journal for the delivery of terms by medical Gentlemen stating at which sum they will attend the poor of Bampton for the year. The votes were accordingly taken when it appeared that the question was carried in the affirmative by 32 votes to 21\_\_It was then resolved that till some arrangement can be finally settled, Mr Bullen be, when necessary, called in to the assistance of the poor by the Overseers.<sup>74</sup>

The desire to procure medical cover for the parish whilst attempting to drive the hardest bargain in the process is all too apparent in this example. That the vestry should seek to advertise the vacancy in the local press sheds further light on the attempt to re-adjust the balance of power between the parish and practitioner in their favour. Although the logic of the medical marketplace would suggest that such a strategy would have resulted in either a reduced salary or fewer exemptions from the contract, the outcome of this foray into the open-tendering of the parochial medical contract somewhat counter-intuitively highlights the relative strength of the *doctors* local bargaining position. The appointment of Dr Bullen as the contracted parish practitioner with a salary of £40, 'being the sum before given', indicates that not only had the vestry's attempts at economy failed, but that the relief of the sick poor would remain, as before, in the hands of local practitioners.<sup>75</sup> Although the pegging of contract values in Oxfordshire parishes during the period c.1815-36 suggests that competition amongst doctors for parish positions may have impacted upon the fine balance between supply and demand, whether fierce competition *per se* was the primary reason for this retrenchment is more questionable.

Figure 3.5

<u>Parish</u>	<u>Doctor</u>	<u>Period of Service</u>	<u>Salary</u>
Adderbury	Wilson, J	1823-29	£25-0-0
		1830-32	£20-0-0
Dorchester	Bowling, T. T.	1821-36	£25-0-0
Ensham	Welchman	1816-34	£25-0-0
Rotherfield Greys	Pope, R	1784-1801	£5-5-0
	Young, W	1802-05	£5-5-0
		1808-09	£8-8-0
		1811-29	£10-10-0
		1830-32	£15-0-0

Source: O.R.O.

<sup>74</sup> PAR/16/2/A1/2, f. 148. April 2, 1834.

<sup>75</sup> Ibid., f. 149. April 16, 1834.



As Figure 3.5 indicates, parochial loyalty to practitioners was a not uncommon feature of the medical landscape of Oxfordshire – echoing Williams’ findings for Bedfordshire – which in turn appears to have negated the squeezing of salaries that is a central component of the medical marketplace model.<sup>76</sup>

Although the Reverend Blakiston maintained that ‘competition and jealousy’ between surgeons conspired to keep contract values ‘generally very low’, this appears not to have been the case within Oxfordshire.<sup>77</sup> Indeed, even where a degree of turnover was evident – as in the parish of Burford where nine practitioners were employed in the period 1796-1827 – such ‘competition’ led to a freeze in the value of the salary, rather than doctors undercutting each other in their clamour for the parish contract. Such realities would appear to defy the logic of the medical marketplace, and point to the complexity which underpinned the entire medical relief system. Central to this complexity was the role that cash liquidity played within the procurement of goods and services, and the experience of doctors Bullen and Andrews at Bampton provides a revealing insight into the financial arrangements and dependencies which could emerge as a consequence, and shape contractual relationships at parish level. The year 1818 for example saw the renewal of the arrangements between the Bampton vestry and Bullen and Andrews, despite an outstanding debt to the practitioners of £92 0s. 3d. that had accumulated over previous years service to the parish.<sup>78</sup> Moreover, as the following extract from the vestry minutes indicates, this precarious financial situation had not been rectified by 1820:

Resolved that the opinion of the meeting be made known to the overseers & that for the greater care of the rateable parishioners the overseers be instructed to pay the same amounting to £85-16s by weekly installments of £5 exclusive of the s<sup>d</sup> Mr Andrews and Bullens rates.<sup>79</sup>

This protracted period of indebtedness of parish to practitioner raises important questions regarding the extent to which a truly free-market in medicine could ever have operated within the context of the Poor Law. Debt implies degrees of obligation

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<sup>76</sup> Williams, ‘Practitioners’ Income’, p. 181.

<sup>77</sup> *Report from His Majesty’s Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (C.), Communications No. 1* (1834), Rev. P. Blakiston, ‘Report on the Administration and Effects of the Poor Laws, more particularly in the County of Hants’, p. 3 c.

<sup>78</sup> PAR/16/5/F3/1, Item 2. The total outstanding bill to the parish after the latest bill was presented to the vestry was £114 16s. 0d. After deductions amounting to £60 1s. 0d., the parish still owed Bullen and Andrews the substantial sum of £54 15s. 0d. The annual value of the Bampton medical contract was £40 per-annum during this period.

<sup>79</sup> PAR/16/2/A1/2, f. 65. September 24, 1820.



between the affected parties, and obligations are a very real obstacle to the free transfer of goods and services. In effect, parochial debt and late payment could impose a degree of artificial loyalty between parish and practitioner, which may explain the remarkably low turnover of contracted doctors in Oxfordshire during this period.<sup>80</sup>

If the impact of competition does not appear to have been a key driver of practitioner salaries in Oxfordshire, to what extent did contracts impact upon the quantity and quality of provision for the sick poor? For Loudon, such arrangements had little material effect upon provision, as 'the parish surgeon was the familiar local doctor whose concern for his reputation would have made him generally careful and considerate towards the poor'.<sup>81</sup> Conversely, Marshall is highly critical of such developments, arguing that 'the Poor were apt to suffer' through such arrangements, as it was in 'the doctor's financial interest to waste as little money as possible over them in medicines and time, once he had got his contract'.<sup>82</sup> For contemporaries such as the Reverend Blakiston, the potential conflict of interests which characterised such arrangements was all too apparent, leading him to remark that 'no surgeon (however well disposed) can do justice to the poor without considerable loss to himself', resulting in contracts being 'a most fruitful source of discontent'.<sup>83</sup> As cases of apparent neglect in Oxfordshire parishes testify, such experiments with the mode of relief certainly had the potential to arouse disquiet. On March 11, 1822 for example, the Spelbury select vestry resolved 'That Mr Hornblow be written to by the Chairman to request a more regular attendance on the sick poor'.<sup>84</sup> Despite the

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<sup>80</sup> Although Lane has argued that 'Most surgeon apothecaries would undertake Poor Law work' as this 'could be a useful and reliable source of income', Loudon has noted that 'it was common for bills to be paid not only several months, but often several years, late. Refer to Lane, *A Social History of Medicine*, p. 18; I. Loudon, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History* 29 (1985), 1-32, p. 6.

<sup>81</sup> Loudon, *Medical Care*, p. 232.

<sup>82</sup> Marshall, *The English Poor*, p. 123. See also M. A. Crowther, 'Paupers or Patients?' *Journal of the History of Medicine and Allied Sciences*, 60 (1984), 33-54.

<sup>83</sup> *Report from His Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (C.), Communications No. 1* (1834), Rev. P. Blakiston, 'Report on the Administration and Effects of the Poor Laws, more particularly in the County of Hants', p. 3 c.

<sup>84</sup> PAR/246/2/A1/1. These complaints did not appear to lead to any consequences for George Hornblow, as the select vestry of July 22, 1822 'Ordered that Mr Hornblow's bill for one years attendance & medicine for the poor amounting to £6-10-0 be paid by the Overseer'. Indeed, the further order in the select vestry on October 6, 1824, that 'Mr Hornblow apothecarys bill be paid with the exception of journeys charged for Thomas Green amounting & totall 10/6 on Thos. Rooks account and 6<sup>sh</sup> on Michl Rooks', indicates that in their dealings with Hornblow, the vestry were primarily concerned with limiting any additional expenditure that he was attempting to pass onto the parish, rather than questioning his conduct regarding the treatment of the sick poor. Ibid.



implied charge of negligence, the parish did not dispense with his services, which inevitably led to further disquiet, as the following excerpt illustrates.

Complaint having been made at the Vestry of the want of punctual attendance on the sick poor by Mr Hornblow who is engaged for that purpose by the parish, it is ordered the Mr Hornblow be written to, to acquaint him that the complaint has in part been established against him\_\_\_ and to desire that his attendance may be more regular during the remainder of his term of engagement with the parish\_\_\_<sup>85</sup>

Despite these repeated claims of neglect, Spelbury sought to continue, rather than curtail its dealings with the doctor, requesting vestryman Mr. Pratt to 'obtain of Mr Hornblow the terms on which he is willing to undertake the Medical attendance on the sick Poor of the Parish'.<sup>86</sup> The payment of Hornblow's salary of £10 1s. 6d. at the vestry meeting of March 27, 1826 gives a clear indication of his continued service within the parish, despite the all too apparent and entrenched hostility to him by the sick poor of Spelbury.<sup>87</sup> The prioritising of economy over efficacy within medical contracts was not restricted to Spelbury moreover, as the requests from Charles Heynes, parish surgeon of Chipping Norton highlights:

Gent<sup>n</sup>

Your Parishioners applying for Medical aid have been so very numerous this last year that I do hope you will make some additional allowances; The amount of what I have booked on the account is upwards of £22, and I have now a case underhand in this Parish of a child very severely burnt, the treatment of which alone would at a moderate charge[?] come to almost half the amount of a whole years allowance.

I remain Gen<sup>m</sup> Your obed. Servant

Cha<sup>s</sup> S Heynes<sup>88</sup>

Although Heynes clearly considered his annual salary of eight guineas inadequate, the vestry nevertheless resisted his entreaty to raise the annual stipend to an adequate level, which led to the following request for additional money attached to the annual medical bill of 1829:

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<sup>85</sup> PAR/246/2/A1/1/1. April 19, May 3, 1824.

<sup>86</sup> Ibid., March 23, 1825.

<sup>87</sup> Ibid. The payment of an additional £1 18s. 6d. on March 27, 1826, for 'extra attendance in consequence of Tythus fever prevailing' indicates that that the willingness of George Hornblow to undertake duties such as these for relatively moderate sums may have been an important factor in explaining his continued employment by Spelbury, despite the repeated complaints of the sick poor regarding his apparent lack of diligence in the performance of his duties.

<sup>88</sup> MSS.D.D. Par. Chaddlington, c.13, d., March 22, 1826.



Gent<sup>n</sup>.

Herewith I have sent my account, and I must request you will take it into your consideration the great number of your Parishioners who have required Medicines and attendance during the year now just expiring, and also several at this time ill; I do [?] I have booked up to the present period upwards of £26 – and I do hope you will make some addition to the account now sent; and by so do you will much oblige

Yours respectfully

Ch<sup>s</sup> S Heynes<sup>89</sup>

Despite the annual stipend rising from eight to ten guineas between 1826 and 1829, Heynes found himself in the same unenviable position, indicating that the adoption of the medical contract could elevate concerns over parish economy above those of guaranteeing humane, adequate and equitable medical relief to the sick poor.<sup>90</sup>

If the overriding purpose of adopting a contract for the medical provision for the parish was to contain expenditure, the remarkable stability that these contracts represented in terms of up-front expenditure indicates that such strategies were largely successful. To view medical relief expenditure in such a closed and finite context would be misleading however, as vestry minutes, associated Poor Law correspondence and parochial bills confirm. Although parishes sought refuge in the supposed financial security that the adoption of a medical contract brought, these formalised medical arrangements did not succeed in supplanting the miscellaneous medical expenses that had always characterised the relief of the sick poor<sup>91</sup>, and the parish of Rotherfield Greys offers a salutary case study for the impact that these extramural medical expenses had upon the level of parochial expenditure.<sup>92</sup> As Figure 3.6 illustrates, although the parish was relatively successful in pegging the value of the medical contract, when associated medical expenses are taken into account, a more nuanced picture emerges.<sup>93</sup> Associated bills directly relating to

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<sup>89</sup> Ibid., March 20, 1829.

<sup>90</sup> Digby has argued that as the Old Poor Law drew to a close, medical relief generally became more restrictive and bound by economic circumstance, with greater deterioration evident as the Old Poor Law gave way to the New. Digby, *Making a Medical Living*, pp. 227, 231.

<sup>91</sup> Marshall for example has argued that whatever could be covered by a contract was usually done so, although she concedes that it was sometimes ‘agreed that certain illnesses...should be left outside the contract’. These exceptions were usually ‘in the nature of an epidemic’. Marshall, *The English Poor*, p. 121.

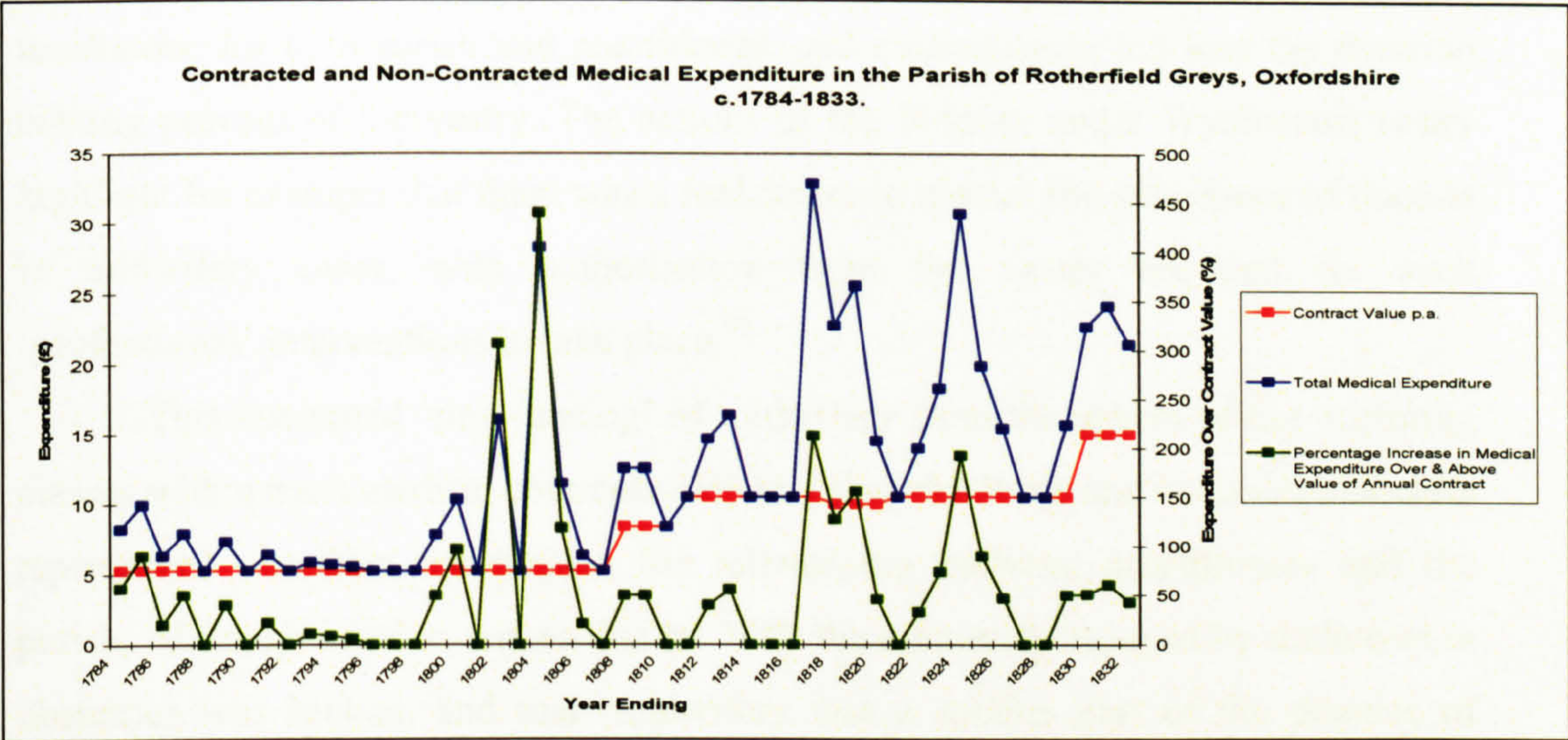
<sup>92</sup> Endowed with one of the most comprehensive archival legacies relating to the Old Poor Law in Oxfordshire – including a rich collection of bills presented to the overseers and vestry over the period 1775-1832 – Rotherfield Greys allows an important and telling insight into the demands that were placed upon the medical resources of the parish both within and beyond the level of provision that could be delivered by means of the contracted parish doctor.

<sup>93</sup> Although the contract was subject to incremental rises over the period, and broadly echoes Williams’ findings for Bedfordshire parishes, it is also clear that the example of Rotherfield supports her argument that ‘it is likely that stipends failed fully to keep pace with inflation’. Williams, ‘Practitioners’ Income’, p. 179.



medical expenditure indicate that there was a multiplicity of extraneous demands upon the parish purse in order to meet the medical needs of the sick poor.

Figure 3.6



Source: O.R.O.

Moreover, despite the rigours that often characterised the drawing up of contracts, it is equally clear that expenditure over and above the value of the annual contract could scale substantial heights. If the rationale for the adoption of medical contracts was that they offered a degree of certainty regarding expenditure throughout the duration of the contract, how can this extraneous expenditure be explained, and why would parishes lock themselves into fixed contractual relationships that signally failed to impose a discernable cap on the levels of expenditure that were channelled towards the relief of the sick poor?

To answer these questions, it is necessary to re-visit the nature of contracts that parishes sought to enter into, and evaluate the extent to which such arrangements could ever have been an adequate insurance policy against the potentially limitless demand placed at the vestry door. Contracts had always acknowledged types of expenditure that were unwelcome though nevertheless expected, with surgery, midwifery and small pox being the most common examples. Recognition of the potential expenditure that ailments such as these could place on the parish is clear by the inclusion of exceptions during the drafting of medical contracts. Souldern for example was obliged to pay Dr Turner an additional pound on top of the annual contract fee of ten pounds per-annum for the 'Amputation of finger for Blincs[?] Child', while Claydon were compelled to pay Thomas Harris a premium of two



pounds and ten shillings over and above the annual contract fee of seven pounds on account of 'Surgical attendance Medicines etc etc [on] Thomas Berry'.<sup>94</sup> Midwifery proved to be the contractual exception that appeared to pose the biggest dilemma for the parish. As Williams and Lane have argued, obstetric care represented a real touchstone for both parish and practitioner, and consequently fed into the decision making process of the vestry. The actions of the Shipton under Wychwood vestry highlight for example that there was a real desire to restrict the attendance of doctors in midwifery cases, with authorisation from the vestry required for such 'professional' interventions to take place.<sup>95</sup>

This attempted 'ring-fencing' of midwifery from the sphere of the doctoring classes within most medical contracts indicates that childbirth and its associated costs represented uncertain territory in the relationship between practitioners and the parish. Although Loudon argues that by 1800 the monopoly enjoyed by midwives in obstetrics was broken, and that 'midwifery was a routine part of the practice of practically all the rank-and-file practitioners', the continued use of lay-practitioners within this field by the parish noted earlier in this chapter suggests that within this sphere of medical provision at least, the triumph of the man-midwife may not have been as complete as he suggests.<sup>96</sup> Cost was the prime determinant of whether a medical practitioner or a midwife attended women in labour, and as such the desire of the parish to retain 'amateur' women attendants until the demise of the Old Poor Law is less inexplicable than the medical marketplace paradigm would suggest.<sup>97</sup> The decision of the Eynsham vestry to 'allow B. Gardner Jun<sup>r</sup> half the Charge of the Midwife Dr Lankshear for delivering his Wife, being an Extraordinary Case' indicates that the employment of the doctor within the sphere of midwifery was therefore an exception rather than the rule, and that this was largely as a consequence of the potential costs that these interventions entailed.<sup>98</sup> The extract also indicates

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<sup>94</sup> MSS.D.D. Par. Souldern, c.7, c; MSS.D.D. Par. Claydon, b.6, f. 271. March 28, 1828; March 28, 1835.

<sup>95</sup> PAR/236/5/F4/2, Item 6, 1820-21.

<sup>96</sup> Loudon is somewhat ambiguous in his analysis pertaining to parochial obstetric 'policy', for he acknowledges that 'the need for medical men at normal labours was hotly disputed-not only by midwives but also by some influential and vociferous laymen and medical men'. Loudon, *Medical Care*, pp. 85-6, 89, 91, 94.

<sup>97</sup> *Ibid.*, p. 89.

<sup>98</sup> MSS.D.D. Par. Eynsham, e.1, f. 25. February 24, 1788. Given these circumstances, it is likely that the exclusion of midwifery from medical contracts was at the insistence of the doctor, and that in this respect at least, the balance of power during the negotiation of contracts was not exclusively weighted in favour of the vestry.



that both pauper and practitioner were actively engaged in an attempt to circumvent the influence of the vestry with regard to extracting funds for midwifery. Parishioners such as Gardner would have been all too aware that the contract that bound their parish doctor excluded the very medical intervention that they now found themselves in need of, yet that does not appear to have prevented him from engaging the services of Dr. Lankshear, despite his obvious lack of sufficient funds to pay for the services rendered. That the pauper was operating under the expectation that he would ultimately be able to recoup the cost from the parish, and that the doctor appears to have performed his duties regardless of the fact that Gardner seemingly could not pay for them, infers that Lankshear was equally convinced that the parish would reimburse him for his time and trouble. Such ambushing of the vestry, and the retrospective ‘smash and grab’ raids on the parish finances that ensued as a consequence of these tactics lends weight to the assertion that parishes were more than a little concerned to control the influence of the doctoring class over the reproductive demands placed upon the parish by the poor.<sup>99</sup>

Concerns such as these therefore make sense of the fact that the vestry were still apt to place so much faith in the employment of lay-practitioners in the realm of midwifery even as the Old Poor Law entered its final decades, and in doing so they were seemingly swimming against the tide of ‘professionalisation’ that was coming to characterise so much of the relationship between the medical establishment and the parish during this period. Given such considerations, it is not surprising that parishes such as Whitchurch opted to send their pauper women to Lying-In Hospitals to learn the art of midwifery – as noted above – or that Deddington considered it necessary to state in their contract with Thomas William Turner that ‘ten shillings only shall be allowed for attendance in cases of Midwifery & upon coroners requests’.<sup>100</sup> That such conditions rendered the doctor subservient to the imposed constraints of the parish is instructive when one is attempting to reconstruct the power-relationships that existed within the parish, and which helped shape its medical landscape.

Despite their best endeavours to control supplementary expenditure, it was within the realm of disease and the desire to contain epidemics that the vestry faced

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<sup>99</sup> That the vestry only paid half of the bill implies that they felt no obligation to underwrite treatment that had not been sanctioned. This reluctance to reimburse unauthorised medical attendance again calls into question Williams’ assertion that the independent procurement of medical services by the poor was supported by the parish. Williams, ‘Practitioners’ Income’, p. 161.

<sup>100</sup> PAR/287/2/A/1, p. 89, December 6, 1812; MSS.D.D. Par. Deddington, b.22, ff. 53-4, March 26, 1828.



the most arduous obstacle in imposing caps upon medical relief expenditure. As the most common exception to medical contracts throughout the period, small pox and other contagions were the most pressing of the unwelcome occurrences that vestries could expect during the execution of their mandate to care for the sick, impotent and poor of the parish. The potential of these outbreaks to devastate communities naturally elevated the parochial response to this most universal aspect of eighteenth and nineteenth century life. Expenditure directed at dealing with small pox in particular could be considerable, and was often moulded in order to prevent an individual tragedy escalating into a community-wide disaster.<sup>101</sup> This was essential if significant economic disruption to the parish as a consequence of the imposition of quarantine procedures was to be obviated.<sup>102</sup> These local relief strategies to minimise the impact of disease are borne out in the overseers accounts of Bampton for example, whereby nursing costs, cleaning the house of the afflicted and even erecting notice boards outside affected properties were all met out of the poor rates.<sup>103</sup> The expense that a parish could incur as a result of contagions could therefore amount to considerable sums, with Widow Hewlett of Bampton in receipt of the princely sum of £4 5s. 0d. for ‘nursing the small pox for 10 weeks’.<sup>104</sup> In the parish of Garsington, the overseer felt compelled to employ the services of both unqualified and qualified medical personnel in the relief of Han<sup>h</sup>. Townsend, as illustrated below:

	<u>£</u>	<u>s.</u>	<u>d.</u>	
Hanh. Townsend with the small pox	1	1	6	
The funeral expenses of Ditto	0	9	6	
To Mary Bennett Nursing of Ditto	0	18	6	
Thos. Jone's Bill for Ditto	0	13	10	
To Mr Passand attend <sup>g</sup> . Han <sup>h</sup> . Townsend in the small pox	1	16	0	
<b>Total:</b>	<b>£</b>	<b>4</b>	<b>19</b>	<b>4</b>

Source: O.R.O., MSS. D.D. Par. Garsington, b.11, f. 24.

<sup>101</sup> Thomas, ‘The Old Poor Law and Medicine’, pp. 8-9.  
<sup>102</sup> The extent to which disease could devastate communities is evident in the Oxfordshire town of Banbury. Although smallpox never accounted for more than 6 percent of all deaths in forty eight of the fifty years in the period 1778-1827, in the year 1786 it was to claim 25 lives – or 27 percent of all deaths – and in 1827, 71 lives – or 41 percent of all deaths in the town. Refer to: J. S. W. Gibson (ed.), *Burial Register of Banbury, Oxfordshire; Part 3, 1723-1812* (Banbury: The Banbury Historical Society, 1984), pp. 71-123, and: J. S. W. Gibson (ed.), *Baptism and Burial Registers of Banbury, Oxfordshire; Part 4, 1813-1838* (Banbury: The Banbury Historical Society, 1988), pp. 94-125.  
<sup>103</sup> PAR/16/5/F1/3, ff. 29, 36, 82.  
<sup>104</sup> Ibid., f. 40. c.1774.



As this example clearly demonstrates, the relief afforded in the case of Han<sup>h</sup>. Townsend accompanied her through illness and even beyond death, with the funeral expenses of nine shillings and sixpence being met in addition to the £4 9s. 10d. that had already been expended. Medical relief afforded to individuals appeared to be tailored in order to meet the demands which were generated by the level of endemic ill-health. Due to the particular threat of contagions such as small pox, personalised and intensive interventions often reached impressive heights within parishes, and as the following extract from the Whitchurch vestry minutes demonstrates, Oxfordshire was no exception.<sup>105</sup>

At a meeting of the parishioners whose names are hereunto subscribed called together by the recommendation of [?] Gardiner Esq<sup>r</sup> to take into consideration the propriety of Inoculating the poor of the parish with the cow pock.

Resolved Unanimously that whenever any Inoculation may take place, that M<sup>r</sup> Sam<sup>l</sup> Smith the present apothecary be the person employed for that purpose, he being considered fully qualified ~~for that purpose~~

Resolved That it is the opinion and wish of the said persons, the overseers do immediately look out for a House or a piece of Land on which to erect one for the benefit of the poor and that they do apply to Sm<sup>l</sup> Gardiner Esq<sup>r</sup> for the favour of his assistance, and they are hereby requested accordingly.

Resolved Unanimously that as soon as proper accomodation can be procured, they will very gladly attend to M<sup>r</sup> Gardiners recommendation and to that of every inhabitant of the parish by which the poor of the parish may receive comfort.

Resolved That Mess<sup>rs</sup> Randall[?] & White ~~do~~ be requested to assist the overseers, to look out for a House to receive the present infected poor, in which they may receive the benefit of fresh air.<sup>106</sup>

Clearly, preventing and containing disease represented a costly but necessary component of medical relief in Oxfordshire. In addition to quarantine measures, as the above example indicates, the final decades of the Old Poor Law witnessed parishes increasingly intent on pursuing programmes of vaccinations or inoculations.<sup>107</sup> Although the tradition of medical ‘altruism’ could exempt parishes from having to underwrite these (often costly) measures, with Dr’s Chavasse and Jwamatt[?] of Burford for example agreeing to inoculate ‘all the parrish...Grattis’ in December 1802, it remains that for most parishes at least, such pro-active medical

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<sup>105</sup> Digby, *Making a Medical Living*, p. 230. For an introduction to the impact of disease through the ages, refer to M. Biddis, and F. Cartwright, *Disease and History* (New York: Dorset Press, 1972), esp. pp. 113-137. Biddis and Cartwright report that by 1801, up to ‘100,000 people had been vaccinated in England alone’, p. 128.

<sup>106</sup> PAR/287/2/A/1, p. 3. July 6, 1802.

<sup>107</sup> Despite occasional reservations, these programmes appeared to be, as Thomas concurs, popular with parishes. Thomas, *The Treatment of Poverty*, pp. 79-81.



interventions represented both an additional and costly expense at any given time.<sup>108</sup> Moreover, the urgency and necessity that attached itself to these particular circumstances usually guaranteed prompt payment from the parish, with for example the Witney vestry ordering that 'the overseers do immediately pay to Mr Augustine Batt Ten pounds for inoculating the poor of this parish with the cow Pock'. Such actions invariably resulted in outlays that were not inconsiderable when compared to the value of the annual contracts that were concurrent within the same parish.<sup>109</sup> Souldern for example paid an additional five pounds to Dr Turner for 'Vaccinating parish' on top of the annual medical contract worth ten pounds, while Chadlington felt compelled to pay Charles Heynes ten pounds for 210 vaccinations, in addition to the ten guineas he received from his annual contract with the parish.<sup>110</sup> This pattern was repeated across Oxfordshire parishes, indicating that the desire to prevent or contain outbreaks of disease was always at the forefront of the minds of local administrations.<sup>111</sup> The appearance of cholera during the 1830's only added to the sense of urgency that had predominated throughout the tenure of the Old Poor Law, and its treatment would ultimately become a contractual exception like its forerunner small pox.<sup>112</sup>

Despite the necessity of controlling the spread of disease, and a tendency to underwrite associated additional expenditure, parishes were not immune from attempts to try and circumvent or limit the potential expense that they were

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<sup>108</sup> MSS.D.D. Par. Burford, c.3. The uncertainty that characterised contagions can be discerned in vestry minutes, with Dorchester for example stipulating that in addition to the £25 per-annum contract that was offered for the year ending 1825, '...an addition of £5-0-0 for Vaccination provided the Small Pox comes into the Parish' should be made available. PAR/87/2/A1/4, f. 27, March 25, 1824. Digby has argued that medical altruism was a common feature during the Old Poor Law, a view echoed by Fissell who states that such 'charitable health care' represented 'a form of advertising'. Digby, *Making a Medical Living*; Fissell, 'The "Sick and Drooping Poor"', p. 38.

<sup>109</sup> MSS.D.D. Par. Witney, b.14, f. 30. Augustine Batt was paid £10 in addition to his annual stipend of £41 10s. 0d. for inoculating the parish in the year ending 1808.

<sup>110</sup> MSS.D.D. Par. Souldern, c.7, c. For the year ending 1828; MSS.D.D. Par. Chadlington, c.13, d, Item 26, July–December, 1828.

<sup>111</sup> Given these circumstances, it is unsurprising that when the parish of Henley St. Mary overspent on the 1832 doctors bill by forty-two pounds, such levels of expenditure were merely explained away in the minutes as '\*The greatest part of this item is for Vaccination'. MSS.D.D. Par. Henley St. Mary, b.2. Other examples of expenditure on vaccination or inoculation across Oxfordshire include Rotherfield Greys inoculating 78 parishioners at three shillings and sixpence per-person in the year ending 1804, and Shipton under Wychwood expending £2 12s. 6d. 'Vaccinating the Parish by agreement'. Refer to: MSS.D.D. Par. Rotherfield Greys, c.6, April 2, 1804; PAR/236/5/F4/2, Item 11, April 20, 1823. Howard-Drake argues that the poor were more prone to suffer from contagions such as small pox in Oxfordshire. Howard-Drake, 'The Poor of Shipton under Wychwood', p. 23.

<sup>112</sup> Dorchester for example found themselves in the unenviable position of having to award doctors such as Mr Bowling '...two Guineas for his attendance on paupers ill with Cholera last year'. PAR/16/2/A1/2, f.140. The medical contract for Bampton of March 29, 1834, worth £40 per-annum, excluded 'Venereal Small Pox, midwifery & Cholera'. PAR/87/2/A1/4, f. 155.



vulnerable to. The Witney vestry for example were reconciling past experience with future financial drains when they '...agreed that the Sum of Ten Shillings and sixpence only shall in future be paid to any Surgeon and Apothecary for inoculating and attending and medicine administered to any poor Person in Witney'.<sup>113</sup> The offer of an extended medical contract providing a guaranteed income may also have provided the vestry with sufficient bargaining power over practitioners, enabling them to extract the most reasonable terms for items of expenditure that were not covered by the contract. In employing Fehoiada Mead for the duration of four years on a contract that excluded midwifery, small pox and broken bones, Sibford managed to elicit from the doctor 'further promises to attend in any of the cases above Excepted on the most reasonable terms'.<sup>114</sup> Likewise, in their negotiations with parish doctor Mr Welchman, Eynsham insisted that 'in cases of Midwifery he should charge no more than £1-1-0 Fevers and Small Pox as usual'.<sup>115</sup> Despite such caveats however, the adoption of contracts in themselves offered few guarantees against spiralling rates of expenditure, which may explain the adoption of an increasingly nuanced and multi-faceted 'system' of medical delivery to the sick poor.

### The Evolution of Institutional Medical Relief in Oxfordshire

Although not entirely inspired by the need for economy – local innovations in the modes of medical relief naturally played into and reshaped welfare alternatives. Thomas in particular has argued that the second half of the eighteenth century represented an era of expanding medical opportunities for the sick poor, and Oxfordshire was not immune from these wider trends.<sup>116</sup> One of the most marked examples of this reorientation of medical relief practice was the emergence of institutional provision for the sick poor, with Infirmaries, fashionable spa resorts such as Bath, the Workhouse, and both public and private provision for the insane all synonymous with this plurality of care. The development of such novel medical regimes represented a slight, albeit important move away from the closed parochial medical landscape of the parish, and the following brief exposition will therefore

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<sup>113</sup> MSS.D.D. Par. Witney, b.14, f.1. Year ending 1793.

<sup>114</sup> MSS.D.D. Par. Sibford, f. 154. April 16, 1800.

<sup>115</sup> MSS.D.D. Par. Eynsham, e.1, f. 121. April 1, 1822.

<sup>116</sup> Thomas, *The Treatment of Poverty*, p. 63.



shed a little light on the evolution of these institutional responses to ill-health within the Oxfordshire context.

The decline of religious institutional provision for the sick poor – largely as a consequence of the Reformation – increasingly led to the advent of more secularly rooted alternatives.<sup>117</sup> Although Ole Grell and Andrew Cunningham have cast doubt upon the humanitarian motives behind the establishing of such institutions,<sup>118</sup> it is clear that Infirmaries in particular ‘increased the options open to poor labouring people’, which in turn led to an increasing number of parishes to subscribe.<sup>119</sup> The founding of the Radcliffe Infirmary in 1770 for example presented the parishes of Oxfordshire and neighbouring counties with a relatively novel addition to the relief canon in respect of treatment for the sick poor.<sup>120</sup> The emergence of the medical contract that had lifted the day-to-day care and management of the afflicted from the shoulders of the parochial administrator, and placed it in the hands of salaried parish doctors, was therefore part of a wider shift which would increasingly see welfare delivery contracted out to third-parties within parishes, with the utilisation of the infirmary a logical progression of such a policy direction.<sup>121</sup> Although Tomkins has questioned the reliability of ‘cure’ rates reported by infirmaries, the establishing of the Radcliffe in particular does appear to have represented a significant medical alternative to the dispensers of relief throughout Oxfordshire.<sup>122</sup> Indeed, the archives of the Radcliffe Infirmary indicate that up to thirty percent of Oxfordshire parishes were subscribing to the institution by 1830, demonstrating that such a reorientation of relief provision was indeed occurring by the end of the Old Poor Law.<sup>123</sup>

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<sup>117</sup> P. Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988), p. 206.

<sup>118</sup> O. P. Grell, A. Cunningham and R. Jutte (eds), *Health Care and Poor Relief in 18<sup>th</sup> and 19<sup>th</sup> Century Northern Europe* (Aldershot: Ashgate, 2002), pp. 4-5.

<sup>119</sup> Tomkins, ‘Paupers and the Infirmary’, 208-227; Lane, *A Social History of Medicine*, p. 53.

<sup>120</sup> There is little evidence of hospital provision for the poor in Oxfordshire prior to the establishing of the Radcliffe, due to the impact of the Reformation and collegiate growth within Oxford. See the passages on Hospitals in Oxfordshire by the Rev. H. E. Salter in W. Page (ed.), *The Victoria History of the County of Oxford*, Vol. 2 (London: Archibald Constable, 1907), pp. 152-160.

<sup>121</sup> Fissell’s analysis indicates that such institutions could be patronised by significant numbers of the poor, with five percent of the city’s population utilising the Bristol Infirmary by the early 1780’s. Fissell, ‘The “Sick and Drooping Poor”’, esp. pp. 36-7.

<sup>122</sup> Tomkins, ‘Paupers and the Infirmary’. The official historian of the Royal Berkshire Hospital, Margaret Railton, has similarly questioned the ‘medical’ efficacy of these early hospitals, arguing that throughout the period ‘there was not a single medical treatment or surgical treatment which could not be undertaken outside a hospital’. M. Railton and M. Barr, *The Royal Berkshire Hospital, 1839-1989* (The Royal Berkshire Hospital, 1989), p. 8. On the reliability of ‘cures’ within Infirmaries, see also A. Borsay, *Medicine and Charity in Georgian Bath. A Social History of the General Infirmary, c.1739-1830* (Aldershot: Ashgate, 1999), Appendix A, pp. 388-393; Digby, *Making a Medical Living*, p. 239.

<sup>123</sup> RI. I A1, *Radcliffe Infirmary Annual Reports, 1771-1863*.



The lure of institutions like the Radcliffe was such that Dorchester – although engaged an all-inclusive medical contract – insisted that parish surgeon Timothy Bowling ‘subscribe £3-0-0 to the Infirmary so long as he is appointed by the parish’.<sup>124</sup> Although the parish somewhat relented when they agreed to pay ‘half the Subscription to the Infirmary being £1-10-6’, this still only represented a modest reduction of the burdens placed upon Bowling’s shoulders.<sup>125</sup> For most parishes, the responsibility of securing places at the Radcliffe was retained by the vestry however, and it would appear that these arbiters of local relief used such powers judiciously. Requests by parishioners for admission seemed to be granted if possible or expedient, with Warborough providing two shillings to James Palmer’s wife for ‘assistance to get to the Infirmary’, whilst the Great Milton vestry took a more proactive stance when they ordered ‘David Win to Gow to the Infirmary or Por Vide for himself’.<sup>126</sup> This desire to avail oneself of the local infirmary may have been inspired by the belief, as Tomkins has argued, that subscriptions to, and use of these institutions, was beneficial to the ratepayers of the parish, ‘assuming that paupers receiving residential care or at least medical assistance from an infirmary would lighten the burden to be borne by the poor rate’.<sup>127</sup> The extent to which such economies could be achieved by the utilisation of local institutional facilities is somewhat questionable however. Marland for example has argued that ‘the removal of sick paupers to a distant medical institution was an expensive business for the overseers’, a view which is clearly borne out in the quantitative analysis of Oxfordshire. With subscriptions, travel and clothing all having to be met from the rates, it is entirely explicable that ‘the sick poor were normally only sent to an infirmary as a last resort’.<sup>128</sup> Moreover, recourse to such institutions was often part of a wider tapestry of parochial medical relief, as the following excerpts from the Yarnton vestry minutes and overseers accounts illustrate.

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<sup>124</sup> PAR/87/2/A1/4, f. 17. Year ending 1825.

<sup>125</sup> PAR/87/2/A1/4, f. 99. Year ending 1830. Bowling’s annual stipend was worth £25, so the vestry’s decision to underwrite an additional £1 10s. 6d. did not represent a significant gesture on their part.

<sup>126</sup> MSS.D.D. Par. Warborough, e.3, f. 88, May 3, 1826; PAR/171/2A1/1, f. 33, October 6, 1824. This apparent compulsion may be seen to be at odds with Thomas’ assertion that most patients were ‘willing to enter’ the expanding hospital sector of the late eighteenth and early nineteenth centuries. Thomas, *The Treatment of Poverty*, p. 67.

<sup>127</sup> Tomkins, ‘Paupers and the Infirmary’, 208-227.

<sup>128</sup> Marland, *Medicine and Society*, p. 62.



It was reported that Sarah Fennymore, who had been before afflicted with rheumatic Fever, had now had so severe an attack of it to make it necessary for her to return to the Parish – The Vicar was requested to try & procure a Turn, that she may be sent to the Radcliffe Infirmary. Mem: The above-named Sarah Fennymore was admitted to the Radcliffe Infirmary Nov<sup>r</sup> upon the Recommendation of D<sup>r</sup> George Wiliams.<sup>129</sup>

Despite the expense incurred as a consequence of her return to the parish, Sarah Fennymore was nevertheless fast-tracked into the Radcliffe Infirmary by the vestry. However, as the following excerpt from the corresponding overseers accounts indicates, her admission represented only the beginning of a series of relief payments on account of sickness for the Fennymore family as a whole.

	£	s.	d.
Rich <sup>d</sup> Phenemore when ill	0	15	0
Sarah Phenemore 13 W at 3/6	2	6	6
Gave Sarah Phenemore	0	8	0
Meat and Oatmeal for Do	0	1	7
Expences taking D <sup>o</sup> to the Infirmary	0	2	0
Gave her when she went	0	4	0
Expences of Phenemore when Ill	0	3	0
Rich <sup>d</sup> Phenemore's Rent	1	5	0
<b>Total:</b>	<b>£ 5</b>	<b>5</b>	<b>1</b>

Source: PAR/303/5/F1/2, ff. 29-31.

Clearly, even if subscribing to the Radcliffe represented a desire to cap expenditure on the sick poor, such strategies were not always successful in practice. These realities may in part explain the tendency of parishes to opt in and out of subscription arrangements, or fall behind or neglect to pay the agreed sums on time to the infirmary.<sup>130</sup>

Decisions to send the poor on more elaborate therapeutic excursions were rare in comparison to the utilisation of local infirmaries, and appear to have declined during the final decades of the Old Poor Law.<sup>131</sup> The resolve of the Bampton vestry in 1759 to ‘send W<sup>m</sup>. Acuss[?] to y<sup>e</sup> Bath Hospital for Help’ is a rare example from Oxfordshire of the willingness to expend local resources upon what constituted an

<sup>129</sup> PAR/303/2/A1/1, f. 6. November 3, 1811.

<sup>130</sup> For a comprehensive list of subscribing parishes, and the value and regularity of their subscriptions, refer to: RI. I A1, *Radcliffe Infirmary Annual Reports, 1771-1863*. It is noticeable within these annual accounts that parishes were notorious late-payers of subscriptions, and that they appeared to have opted in and out of these subscription arrangements over the course of the period, indicating little continuity in relief policy in respect of institutional provision.

<sup>131</sup> As Digby has argued, activities such as sea-bathing and spa treatments were not the sole preserve of the wealthy, with, for example, the chronically sick of London dispatched to Margate in order to benefit from the curative powers of the salt water. Digby, *Making a Medical Living*, pp. 242-3.



elaborate and expensive response to pauper sickness.<sup>132</sup> Given these considerations, why parishes sought to engage in these curative ventures may be hinted at by the following excerpt from the Burford vestry minutes:

At a vestry held this 8<sup>th</sup> Sep<sup>r</sup> 1799 it is agreed that William Turner should be allow'd his Expences to go to Bath Hospital & back again & also should have the three pounds Caution money which he is to return in case He survives & comes back...<sup>133</sup>

For the sick poor such as William Turner, it is possible to discern that the recourse to the apparently glamorous rigours of Bath could have constituted a final throw of the therapeutic dice for those who were sick and unlikely to make a recovery. That the vestry appear to be somewhat equivocal regarding Turner's chances of survival indicates that, in this example at least, it was thought that the spending of the relatively substantial sum of three pounds was an outlay that may need few further additions in the future.<sup>134</sup> In this respect at least, we can see the potential benevolence of the Old Poor Law operating in tandem with longer-term financial considerations within the parish.<sup>135</sup>

In spite of these innovative interpretations of medical relief policy operated by Oxfordshire parishes, it remains the case that for the vast majority of the sick poor of Oxfordshire, it was within the poorhouse, workhouse and pesthouse that most could expect to experience the synergy of medical relief within an institutional context. Although clear distinctions of purpose were not necessarily evident at parochial level, it remains that such institutions are often viewed in a somewhat pejorative manner.<sup>136</sup> Even contemporaries such as John Scott felt compelled to remark on 'These wretched receptacles of misery, or rather, parish prisons', which were 'scenes of filthiness and confusion [with] the old and young, sick and

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<sup>132</sup> PAR/16/2/A1/1, p. 23. October 28, 1759. Thomas has indicated that such 'curative' expedients were not necessarily uncommon, with Colehill similarly sending sick patients to Bath. Hungerford in particular utilised both the Bath Hospital and the Salisbury Infirmary, and even resorted to sending a boy to be dipped in salt water at Southampton after being bitten by a mad dog. Thomas, *The Treatment of Poverty*, p. 63.

<sup>133</sup> MSS.D.D. Par. Burford, c. 3, f. 65. September 8, 1799.

<sup>134</sup> The allocation of 'caution money' – a form of burial insurance – suggests that Turner had a very poor prognosis. Fissell, 'The "Sick and Drooping Poor"', p. 49.

<sup>135</sup> Porter has similarly argued that elaborate medical arrangements were undertaken 'in the hope that such outlays would prove a long-term economy'. R. Porter, 'The Patient in England, c.1660-c.1800', in A. Wear (ed.), *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1993), p. 94.

<sup>136</sup> Tomkins has argued that the terms 'workhouse', 'almshouse', 'poorhouse', and 'house of industry' were 'used variously by contemporaries, although not entirely indiscriminately'. A. Tomkins, 'Almshouse versus Workhouse: Residential Welfare in 18<sup>th</sup> Century Oxford', *Family and Community History*, 7 (2004), 45-58, esp. p. 46.



healthy...promiscuously crowded into ill-contrived apartments, not of sufficient capacity to contain with convenience half the number of miserable beings condemned to such deplorable inhabitation'.<sup>137</sup> Indeed, despite an acknowledgement that a few workhouses had begun to 'provide separate accommodation for the sick' by the end of the eighteenth century, for historians such as the Webbs, the adoption of such ill-informed and executed Poor Law initiatives were central to their wider critique of the amateurish and corrupt welfare system that plagued England during the tenure of the Old Poor Law.<sup>138</sup>

To what extent are these characteristics applicable to the experience of Oxfordshire however? As Peter Fideler pointedly reminds us, the sheer volume of parochial jurisdictions renders it somewhat problematic to draw generalisations in respect of medical treatment of the sick poor within such institutions.<sup>139</sup> Moreover, it is also important to consider these essentially local welfare strategies within their specific contexts, for in contemporary terms at least they represented rational responses to the very real demands placed upon communities bedevilled by under-employment and endemic disease.<sup>140</sup> With these reorientations of perspective, it is possible to discern a degree of both implied and explicit generosity governing the relationship between these institutions, the vestry, and the sick poor. The request from the Standlake vestry to the parish officers of Witney to 'take the Bearing[?] Child into the Pesthouse and do the same with it as if belonging to your own Parish', wherein they would be 'Responsible for the Expence you are at', indicates that although recourse to such institutions may appear harsh, within the context of the times they were part of the fabric of the local medical landscape, and that admission to such institutions was not in and of itself a prelude to inhumane neglect and antipathy.<sup>141</sup> Supplanting the 'poor house' within many parishes over the course of

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<sup>137</sup> J. Scott, *On the Present State of the Parochial Vagrant Poor* (London: 1773). Cited in Webb and Webb, *English Poor Law History*, p. 248. For an archetypal depiction of the workhouse refer to C. Dickens, 'A Walk in a Workhouse', *Household Words* May 25, 1850, pp. 204-7.

<sup>138</sup> Webb and Webb, *English Poor Law History*, pp. 215-260, 260-64.

<sup>139</sup> P. A. Fideler, *Social Welfare in Pre-Industrial England. The Old Poor Law Tradition* (Basingstoke: Palgrave Macmillan, 2006), p. 157.

<sup>140</sup> Thomas for example is somewhat equivocal concerning the efficacy of the workhouse within the Oxfordshire context, which he argues was neither particularly significant nor a characteristic feature of the Oxfordshire Poor Law. Thomas, *The Treatment of Poverty*, esp. pp. 289-91.

<sup>141</sup> MSS.D.D.Par. Witney, c.44, c, Item 1. October 13, 1794. Thane suggests that the adoption of the workhouse had the potential to actually improve the medical care that could be provided by both parish and practitioner, despite occasionally facilitating 'the spread of contagious diseases'. P. Thane, *Old Age in English History. Past Experiences, Present Issues* (Oxford: Oxford University Press, 2002), p. 117.



the eighteenth century, the workhouse in particular represented a local response to the competing and often contradictory philosophical demands placed upon the parochial administration of welfare.<sup>142</sup> The Webbs for example argued that one of the rationales for the adoption of the workhouse was as a place of refuge and treatment for the sick poor,<sup>143</sup> and as the following excerpt from the Dorchester vestry minutes highlights, workhouse master John Willis was explicitly compelled to maintain:

in a decent manner, all the Poor that shall become chargeable, Small Pox Patients, those with Broken Bones, & Expences of Parish Settlements, & Bastards excepted; but in case any Parishioner prove with Child & become Chargeable, the said John Willis shall take them in, & maintain them for the Month the Parish repaying the Expence.<sup>144</sup>

Of course, stipulating that appropriate relief should be dispensed to the sick poor was in no respects a guarantee that such obligations would be met, especially when the institution was contracted out, as in the case in Dorchester. Indeed, in emphasising the economic imperatives which propelled parishes to undertake the workhouse system, the Webb's undoubtedly hit upon an uncomfortable truth. Clearly, the contracting out of the 'care and management of the poor' – whether by means of a workhouse, or relief in its entirety – could lead to the reconstitution of the poor within the local body politic, designating them as mere chattels to be done with as was considered expedient at any specific time and place.<sup>145</sup> Irrespective of these observations however, it would be disingenuous to characterise the evolution of indoor relief as representing any systematic shift in emphasis away from a responsive, and in many instances generous and humane local relief strategy for the poor in general, and sick poor in particular. Further, as the case of Thomas Gawn of Eynsham indicates, the existence of a workhouse in itself did not mean that the relief of the sick was solely confined to this particular institution. Dispatched to the Radcliffe on account of sickness, Gawn was to receive two shirts, and his annual

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<sup>142</sup> Crowther notes that the workhouse in particular fulfilled many functions, and that although 'it is tempting to compare the workhouse with the prison...it should also be compared with the lunatic asylum, charitable home, and the hospital'. M. A. Crowther, *The Workhouse System, 1834-1929. The History of an English Social Institution* (London: Batsford, 1981), pp. 3-4.

<sup>143</sup> The Webbs argue that the *raison d'être* of the workhouse was to variously function as a means of profitably employing the poor; punishing the idle; deterring claims on local relief; providing an asylum for the impotent poor; implementing the test by regimen for character reform; and as an institution for specialised treatment. Webb and Webb, *English Poor Law History*, p. 220.

<sup>144</sup> PAR/87/2/A1/1, ff. 53-4, October 28, 1764.

<sup>145</sup> Thomas has argued that in more general terms the farming of the poor 'became the universal administrative panacea of the eighteenth century parochial officers'. E. G. Thomas, *The Parish Overseer in Essex, 1597-1834* (Unpublished M.A. Thesis, University of London, 1956), p. 200.



outlay in rent from the parish, on the understanding that this expenditure was to be recouped from the salary of the workhouse master.<sup>146</sup> Examples of policies such as these indicate that it would be problematic to consider the workhouse as a one-stop solution to the plight of the sick poor, and serves to cast doubt on the 'total institution' rhetoric which doggedly clings to the discourse of the workhouse.<sup>147</sup>

If the so-called rise of the workhouse has aroused much debate among historians of welfare, the role of the asylum has similarly attracted much controversy, particularly over the last thirty years. Although it is not the aim of this thesis to engage in any detailed reappraisal of the efficacy or otherwise of this form of institutional care, it is nevertheless necessary to note the general trends within the field of psychiatric provision within Oxfordshire parishes during the Old Poor Law.<sup>148</sup> Discerning such policy shifts requires recourse to vestry minutes and associated parochial correspondence in particular, and due to the patchy historical record that is evident for Oxfordshire, it is difficult to identify concrete or specific watersheds within the formulation and execution of policy towards the insane. However, early examples of parochial provision, although uncommon, remain clear in the intent that they convey, as the following correspondence from Taynton illustrates:

Whereas it hath been Proved Before Us, Sir Jonathan Cope Bart. And Edwd. Stone Clerk Two of his Majestys assign'd to Keep the Peace within the said County upon the Oath of Thomas Akers[?] of Swinbrook In the said County, That John Bunce of Taynton aforesaid Frequently Goeth at Large, and That he the said John Bunce is By Lunacy So far Disordered in his Senses, That he is Dangerous to Be Permitted to go abroad, and that his Legal Settlement Is in the Parish of Taynton aforesaid These are therefore To authorize and require you and Every of you to Cause The said John Bunce to be Kept Safely Locked Up so long as Such Lunacy or Disorder Shall Continue' Given under our Hands and Seals at [?] In the Said County the 28<sup>th</sup> day of August 1762.

Jona. Cope  
Edw<sup>d</sup>. Stone<sup>149</sup>

The intervention of the magistrates that is evident in the case of John Bunce implies that the treatment of the insane was considered to be of sufficient social importance to merit a degree of oversight on parochial policy and practice. Although the

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<sup>146</sup> MSS.D.D. Par. Eynsham, e.1, f. 29. May 10, 1789.

<sup>147</sup> See for example, E. Goffman, *Asylums. Essays on the Social Situation of Mental Patients and Other Inmates* (Harmondsworth: Penguin, 1971), esp. pp. 13-116.

<sup>148</sup> Debates concerning the rationale for the rise and efficacy of the asylum are complex. For a concise overview refer to R. Porter, 'Madness and Society in England: The Historiography Reconsidered', *Studies in History*, 3 (1987) 275-290.

<sup>149</sup> MSS.D.D. Par., Taynton, c.2, Item 2. August 28, 1762.



independence of action by the vestry was somewhat circumscribed by such interventions, the impression remains that when under the control of the parish, the insane poor could be objects of both pity and a degree of humanity.

Irrespective of the often competing claims on the lives of the insane poor, it is clear that the earlier trend to confine them within the parish bounds appeared to be on the wane during the final decades of the Old Poor Law. The agreement of the Eynsham vestry that 'proper Care should be taken of John Wells being in a State of In-sanity by the Overseers, until such time as he can be otherwise disposed of', highlights the move away from the parish as the foci of therapeutic endeavours.<sup>150</sup> It is somewhat simplistic however to equate an increased desire to institutionalise the insane with a steadfast resolve to limit medical relief expenditure within parishes. Both public and private provision for the insane poor could represent substantial outlays for the parish, and it is therefore difficult to reconcile the increased incidence of referrals with any stated desire to curb expenditure. This being the case, it may be suggested that institutions were increasingly the favoured choice of parishes when dealing with instances of madness, due in part to the perceived therapeutic benefits that such institutions offered – or at least promised to offer.<sup>151</sup>

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<sup>150</sup> MSS.D.D. Par. Eynsham, e.1, f. 31. July 19, 1789. This is not to argue that the institutionalisation of the insane poor was a feature exclusively rooted in the nineteenth century. Evidence suggests that such institutions were utilised by Oxfordshire parishes during the eighteenth century, as the vestry minutes of Dorchester dated April 24, 1763 testify: 'Anne Hatchman of this Parish was admitted Ap<sup>l</sup> 2<sup>d</sup> last past an Incurable Lunatic Patient into Bethlem Hospital at the weekly Expence of two shillings & six-Pence we whose names are under-written do agree to empower the Overseers for the time being to pay the said weekly sum of two shillings and sixpence, & allow it them in their Acc<sup>ts</sup>'. PAR/87/2/A1/1, f. 50. Despite such examples however, evidence indicates that the use of asylums during earlier periods was an exception rather than the rule, with the insane poor retained and supported within the parish by and large, a view supported by Scull. A. Scull, *The Most Solitary of Afflictions. Madness and Society in Britain, 1700-1900* (London: Yale University Press, 1993), pp. 16-25.

<sup>151</sup> The sheer expansion of the provision for the insane during the period may also have contributed to the increased recourse to such institutions, giving parishes scope for choice when determining policy. See for example R. Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (London: Penguin, 1990), esp. Chapter 3, pp. 110-168; W. L. Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge and Kegan Paul, 1971).



## Conclusion

Clearly, the period from the mid-eighteenth century to the Amendment Act of 1834 witnessed marked changes within the orbit of the supply-side of medical relief. The emergence of the increasingly 'professional' medical practitioner during the period would appear to correspond with the more formalised and contractual organisation of medical provision within Oxfordshire parishes. Although the evidence places these developments more firmly within the early decades of the nineteenth century, it is nevertheless clear that the trend stretched back to the latter decades of the eighteenth. In addition, the weighting of such arrangements within more 'urban' parishes suggests that the medical contract represented both a desire and an opportunity to cap the medical outlay within parishes that were atypically populous and less tightly governed by entrenched social relations. Moreover, the multiplicity of practitioners that emerge within the parochial archive may indicate that a nascent medical marketplace was in operation as the Old Poor Law drew to a close. Closely tied to these developments was the growth of institutional provision for the sick poor, and the apparent adoption of these modes of delivery within the canon of medical relief of individual parishes. For the chronically sick and insane in particular, recourse to these often distant centres of 'therapeutic excellence' was increasingly evident during the latter years of the period.

To what extent do these 'narratives of modernity' truly characterise the medical landscape of Oxfordshire however? Although medical practitioners undoubtedly marginalised many 'amateur' or 'lay' claims upon the medical lives of the poor, it remains that parishes continued to utilise such provision until the final days of the Old Poor Law, and indeed beyond. Governed by a limited tax-base, parishes were compelled to exploit a complex welfare mix in order to meet the medical needs of the sick poor. Within such constraints, slavish adherence to 'modernity' had the potential to be little more than a costly indulgence, and moreover, one that may have yielded few material benefits to the medical lives of the poor. As the example of parish midwives in particular illustrates, drawing upon the well of local medical 'knowledge' represented a practicable and economical policy direction.

If the 'rise of medicine' was hampered by clipped wings therefore, to what extent was a functioning 'marketplace' evident within the medical landscape of



Oxfordshire? As the archive indicates, the *adoption* of medical contracts was not necessarily an indication of their *retention*, which was markedly patchy throughout the period. Further, when practitioners did engage in contractual relationships with parishes, these arrangements were not always forged within the crucible of professional competition. Longevity of service and even service in rotation indicates that the parish–practitioner relationship could be shaped by factors other than the dictates of the market. Moreover, the strained financial ties that often governed contracts may have placed both parties under ill-defined mutual obligations, further eroding the ethos of competition that dominates the current historiographical paradigm. Even recourse to new medical institutions was never as well entrenched by 1834 as paradigms of medical ‘progress’ may suggest. Despite being established for over half a century, neither the infirmary nor the asylum gained real and lasting purchase within many Oxfordshire parishes. Subscriptions were as likely to be suspended as they were to be made, and although parishes experimented with such novel methods of medical relief, there is little evidence that such reorientations of relief policy were in any real sense *sustained*, despite being notably *sustainable*.

These observations raise real questions concerning the narratives of modernity noted above. The philosophy of the ‘market’ never claims to be located within wider notions of ‘fairness’, but is rather grounded within a more specific discourse of ‘efficiency’. However, as the Oxfordshire archive has indicated, the medical relief of the sick poor had the potential to be both fair and unfair, efficient and inefficient, and sometimes all four in equal measure – even within individual relief settlements. The stated aim of curtailing relief expenditure was rarely achieved with any degree of permanence, indicating the wider and evolving notions of expectation, entitlement and obligation which lay at the heart of the Old Poor Law, and which will be discussed in greater depth in the following chapters. In this respect, it is perhaps wise to return to the observations of Marshall, and recognise that in respect of the supply side of medical relief at least, the Old Poor Law may be viewed as either ‘inconsistent’ or ‘profoundly adaptable’.



## Chapter 4

### The Sentimental Landscape of Oxfordshire Medical Relief

The Poor of the parish...crouded upon us in such a manner that we scarce knew what to do. The Overseers are harassed to death and summoned every day before a Justice, this will never do...The justices attend to every complaint right or wrong, and every scoundrel in the parish croud to make their complaints. Where will it end I cannot tell, the Justices if they are not more cautious will create the evil they meant to avoid.<sup>1</sup>

As the diary of William Holland testifies, the dilemmas posed to the officers of the parish when confronted by the clamorous poor were stark indeed. The implicit necessity of granting relief to the ‘deserving poor’ – as set out by the Poor Laws of the late sixteenth and early seventeenth centuries – placed the custodians of the parish rates in an unenviable position. At the heart of this dilemma lay two distinct, though closely related problems: namely how were the vestry and overseer to navigate the often difficult waters of pauper rights and parochial obligation; and how expenditure on the poor could be reconciled with a duty to local ratepayers. Moreover, as research has indicated, these dilemmas were not confined to isolated parishes such as those inhabited by the exasperated Parson Holland, but were replicated and played out across the 9000 parishes which made up the administrative framework of the Old Poor Law in England and Wales.

Social provision for the poor, from the codification of the Poor Laws to the contemporary lexicon of ‘social exclusion and inclusion’, must revolve around the principle of sentiment, in that policies addressing poverty and its ‘victims’ are at heart a sociological product, and as such should reflect the society from whence they emerge. However, as this chapter will aim to illustrate, the ‘grey area’ in which sentiment had to be reconciled with entitlement was dependent upon many often competing and complex philosophies and processes within the parish. Indeed, it is the necessary and built-in ambiguity that surrounds constructs such as sentiment in the operation of relief policy that has contributed to the relative absence of any in-depth exploration of these issues by historians. Such analysis as does exist is generally confined to either the mapping of sentiment across time or spatially – with the former currently dominating the discourse until more recent and revisionist

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<sup>1</sup> J. Ayres (ed.), *Paupers and Pig Killers: The Diary of William Holland, a Somerset Parson, 1799-1818* (Gloucester: Alan Sutton, 1984), p. 47. October 13, 1800.



regional mapping was undertaken. Although David Eastwood has argued that ‘whether viewed in terms of its institutions or the opportunities it offered, one parish could seem much like another’,<sup>2</sup> the emergence of local studies has begun to reveal disparities in the execution of welfare, with divergences in practice evident within even geographically confined areas.<sup>3</sup> Despite these conceptual advances however, the eternal problem posed by a locally financed and administered relief system remains largely intact – namely that choices had to be made as to whom was relieved, under what circumstances, in what way and by how much.<sup>4</sup>

This chapter will therefore consider what may be termed the ‘sentimental landscape’ of Oxfordshire, by means of an analysis of the medical relief of the sick poor. For the purposes of this study and clarity, ‘sentiment’ will be taken to represent the parish component of the relief process, which acted as the guiding principle for relief policy within the parish. Consequently, an exploration of sentiment will provide important insights into the operation of the Poor Law, and by association attitudes towards the sick poor. In order to unpick the vexed question of parochial sentiment, this chapter will fall into two broad sections. First, a brief survey of the current historiographical debate will be undertaken, which will touch upon some of the dichotomies which lay at the heart of the day-to-day operation of the Poor Law. The second section of the chapter will explore and develop some of these key issues in more depth, and will place particular emphasis upon the factors that shaped sentiment within the context of Oxfordshire, and how these impacted upon relief. As the sick poor presented the parish with particular ‘moral’ problems, consideration will also be given to the extent to which sentiment was governed by wider impulses that were current within the general discourse of poor relief, and how these impacted upon welfare regimes within localities. To conclude, sentiment will be located within the economics of the parish, and the extent to which the need to control expenditure had the capacity to impact upon the sentimental terrain that the parochial Poor Law

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<sup>2</sup> D. Eastwood, *Governing Rural England. Tradition and Transformation in Local Government, 1780-1840* (Oxford: Clarendon Press, 1994), p. 25.

<sup>3</sup> As Andreas Gestrich, Steven King and Lutz Raphael have argued, although countries may have ‘legally enshrined national systems of welfare’, actual practise could differ remarkably between even geographically close parishes. A. Gestrich, S. King and L. Raphael, ‘The Experience of Being Poor in Nineteenth - and Early-Twentieth-Century Europe’, in A. Gestrich, S. King and L. Raphael (eds), *Being Poor in Modern Europe. Historical Perspectives, 1800-1940* (Oxford: Peter Lang, 2006), pp. 18, 20.

<sup>4</sup> For a detailed analysis of the regional character of the Old Poor Law refer to S. A. King, *Poverty and Welfare in England, 1700-1850. A Regional Perspective* (Manchester: Manchester University Press, 2000).



had to navigate. These analytical prisms will be utilised in order to ascertain whether a homogenous sentiment can be discerned for the county during the final decades of the Old Poor Law. Such studies are important in that they contribute to the expanding body of literature upon the Poor Law in general, and the medical relief of the sick poor and the formulation and execution of policy in particular.

### Historiographical Overview

There is no country in the world where so many provisions are established for them; so many hospitals to receive them when they are sick and lame, founded and maintained by voluntary charities; so many almshouses for the aged of both sexes, together with solemn law made by the rich to subject their estates to a heavy tax for the support of the poor. Under all these obligations, are our poor modest, humble, and thankful; and do they use their best endeavours to maintain themselves, and lighten our shoulders of this burthen? – On the contrary, I affirm that there is no country in the world in which the poor are more idle, dissolute, drunken, and insolent. The day you passed that act, you took away from before their eyes the greatest of all inducements to industry, frugality, and sobriety, by giving them a dependence on somewhat else than a careful accumulation during youth and health, for support in age and sickness. In short, you offered a premium for the encouragement of idleness, and you should now wonder that it has had its effect in the increase of poverty.<sup>5</sup>

The somewhat double-edged observations of Benjamin Franklin during his visit to England in 1766 casts light upon the difficult terrain that sentiment had to navigate during the tenure of the Old Poor Law. Moreover, if sentiment had to chart a course that reconciled the entitlement of the poor with the demands for fiscal prudence abroad in the parish, then historians have had to navigate similarly problematic waters in their attempts to map the sentimental landscape of the Poor Law as it operated within the parish. Attempts to trace the sentiment that underpinned the operation of the Old Poor Law have posed historians of the English welfare system with a not insignificant problem, for as Geoffrey Oxley has argued ‘there is no history of poor relief upon which to ground one’s study, only the history of poor relief in particular parishes’<sup>6</sup>. Herein lies a fundamental problem at the heart of any analysis of sentiment during the tenure of the Old Poor Law – namely the absence of any substantial body of research that has been undertaken at the local level in order to establish reliable data-sets by which the actual practice of poor relief can be truly deconstructed and understood. One consequence of this lacuna is that historians have

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<sup>5</sup> B. Franklin, ‘On the Price of Corn, and the Management of the Poor’, *The London Chronicle*, November 29, 1766.

<sup>6</sup> G. Oxley, *Poor Relief in England and Wales 1601-1834*, (London: David and Charles, 1974) p. 12



generally either concentrated their efforts upon localised studies, or have based their research around ‘central sources’, which present the official legislative view of poor relief, and more often than not the metropolitan preoccupation with poverty and the poor.<sup>7</sup> Given these limitations, it is reasonable to question whether it is possible to reconstruct some operational understanding of sentiment. Despite these reservations, as Geoffrey Elton somewhat pithily remarked, historians have a tendency to believe that if laid end to end they ‘can reach from premise to conclusion’, and as such attempts to discern from the limited evidential base clear ‘sentimental demarcations’ has been undertaken with gusto. Such attempts are particularly evident within general narratives of the Poor Law, with the complex issue of sentiment occupying a reductionist centre-stage position as an architect of national Poor Law policy. Despite serving as a useful overview of the administrative history of the English Poor Laws, the work of Lynne Hollen-Lees is a particularly good exemplar of this academic strand.<sup>8</sup> Central to her analysis of the English welfare ‘system’ is the assertion that the Poor Law operated as an economic and social ‘safety net’, and intervened with means-tested benefits during times of hardship.<sup>9</sup> The Old Poor Law therefore ‘rested upon the common understandings of citizenship and social rights, which fluctuated over time’, whereby the ‘rich and poor faced one another to contest the distribution of local resources and to reallocate them according to some locally recognised standard of need and desert’, with decisions bringing to the fore ‘the boundaries of the group and the inequality it was prepared to tolerate’.<sup>10</sup> From its codification in 1601, the Old Poor Law was acknowledged and accepted by both the

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<sup>7</sup> Examples of local studies include for example S. Hindle, *The Birthpangs of Welfare: Poor Relief and Parish Governance in Seventeenth Century Warwickshire*, (Dugdale Society Occasional Paper 42, 2000); R. P. Hastings, *Poverty and the Poor Law in the North Riding of Yorkshire c.1780-1837*, (Borthwick Papers, No 61, 1982); S. A. King, ‘Reconstructing Lives: The Poor, the Poor Law and Welfare in Calverley, 1650-1820’, *Social History*, 22 1(1997), 318-338; E. M. Hampson, *The Treatment of Poverty in Cambridge, 1597-1834* (Cambridge: Cambridge University Press, 1934), p. 131; J. Howard-Drake, ‘The Poor of Shipton under Wychwood Parish 1740-62’, *Wychwood History Society Journal*, 5 (1989) 4-44; E. G. Thomas, *The Parish Overseer in Essex, 1597-1834* (Unpublished M.A. Thesis, University of London, 1956). Studies based around central sources include A. Brundage, *The English Poor Laws, 1700-1930* (London: Palgrave, 2002); D. Marshall, *The English Poor in the Eighteenth Century. A Study in Social and Administrative History* (New York: Augustus M. Kelly, 1969); S. Webb and B. Webb, *English Poor Law History, Part I: The Old Poor Law* (London: Frank Cass, 1963); G. Oxley, *Poor Relief*.

<sup>8</sup> L. Hollen-Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1949* (Cambridge: Cambridge University Press, 1998).

<sup>9</sup> Hollen-Lees, *The Solidarities of Strangers*, p. 15. Her analysis draws heavily upon the concept of ‘residualism’, as forwarded by Richard Titmus. Refer to R. Titmus, *Social Policy* (London: Allen and Unwin, 1974).

<sup>10</sup> *Ibid.*, pp. 7, 11.



recipients and paymasters of relief, with qualified and organised dissent only becoming apparent from the late eighteenth century due to the increasing cost of welfare provision as a consequence of emergent economic and demographic pressures. Despite these inroads into the national goodwill that surrounded relief policy, Hollen-Lees nevertheless characterises the tenure of the Old Poor Law as essentially 'residualism taken for granted', whereby parishes accepted their state mandated duty to take responsibility towards the 'impotent poor', with need being defined as including large families, low or inadequate wages, unemployment and illness. Although parishes had begun to undergo a period of welfare experimentation by 1815, which began to redefine the 'contract' between the poor and the parish and increasingly question the 'legitimacy' of the poor and as a consequence their entitlement to relief, she maintains that the sentimental landscape of the Old Poor Law remained essentially benign, if not always favourable to the poor, and that any shift in sentiment can be traced to the implementation of the New Poor Law from 1834 onwards.<sup>11</sup>

This somewhat optimistic reading of the source material relating to the operation of the Poor Law touches upon one of the central dichotomies that lie at the heart of the entire sentiment debate – namely the delicate balance that existed between the 'rights' of the pauper and the 'obligations' of the officers of the parish towards the ratepayers. The assertion that as the Old Poor Law drew to a close, increasingly 'legal entitlement no longer conferred moral entitlement' – if true – is a stark reminder of the role that sentiment could and did play in the local architecture of relief within parishes. For Hollen-Lees, this fissure within English society can be summarised as a curtailment of the picturesque 'morris dance of interlocking obligation' that had hitherto bound the giver and receiver of relief.<sup>12</sup> When allied to the legislative ebb and flow from the period of the late eighteenth century to the demise of the Old Poor Law in 1834, it is easy to be seduced by the apparent simplicity of the grand narrative sweep of this argument. The shift from the pauper centric Gilbert Act to the ratepayer emphasis of Sturges Bourne a few decades later implies that the terrain on which the sentiment towards the poor was forged had

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<sup>11</sup> Hollen-Lees argues that the 1834 Poor Law Amendment Act essentially led to a rejection of the generous welfare regime that had evolved during the late eighteenth century. Encompassing tightened eligibility criteria, the 'new' system of welfare was both less generous and increasingly gendered. *Ibid.*, pp. 15-16.

<sup>12</sup> *Ibid.*, p. 11.



irrevocably changed. This apparent marrying together of legislation and sentiment, with each a reflection of the other has proved a rich seam for historians of the Poor Law. Joanna Innes for example shares the general thrust of Hollen-Lees, and contends that the late eighteenth century witnessed a hardening of attitudes towards the poor and their economic cost.<sup>13</sup> Within this general sentimental framework, historians have offered refinements, with Richard Smith arguing that the period 1600-1750 represented the 'heyday of the poor', when they could and would be afforded by the community.<sup>14</sup> Increasing population and inflation reversed this trend however, and the poor increasingly became a resented burden. Deborah Valenze similarly identifies the late eighteenth century as a critical transitional period for the poor. Whereas Smith argues for an erosion of sympathy in this period however, Valenze instead argues the reverse; that the influence of pamphleteers upon sentiment towards the poor was detrimental during the early decades of the eighteenth century, but that an increasingly humane approach to the poor was adopted up to and beyond the New Poor Law, due to the humanitarian work of individuals like Captain Thomas Coram, founder of the London Foundling Hospital.<sup>15</sup> Although the parish may to some extent be viewed as a welfare republic during the tenure of the Old Poor Law, the stress laid on the influence of metropolitan critiques of the poor and the 'system' of relief that sought to preserve them is nevertheless notable.<sup>16</sup> The avalanche of moral and economic reform tracts that emerged during the eighteenth and nineteenth centuries is undoubtedly significant, in that they signpost philosophical shifts regarding attitudes towards the poor.<sup>17</sup> Often born of economic crises – whether perceived or real – pamphlets by such luminaries as Henry Fielding and Daniel Defoe sought to attack the

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<sup>13</sup> J. Innes, 'The "Mixed Economy of Welfare" in Early Modern England: Assessments of the Options from Hale to Malthus, c.1683-1803', in M. J. Daunton (ed.), *Charity, Self-Interest and Welfare in the English Past* (London: University College London Press, 1996), pp. 139-180.

<sup>14</sup> For a good illustration of this 'generosity', refer to the experience of the Widow Ann Foster during the period 1669-93 in Whitchurch Oxfordshire, with payments from the Parish contributing to such diverse expenditure items as 'housemending straw', and her shroud and coffin. Cited in R. M. Smith, 'Ageing and Well-Being in Early Modern England: Pension Trends and Gender Preferences under the English Old Poor Law c.1650-1800', in P. Johnson and P. Thane (eds), *Old Age from Antiquity to Post-Modernity* (London: Routledge, 1998), pp. 64-95.

<sup>15</sup> Refer to D. Valenze, 'Charity, Custom and Humanity: Changing Attitudes Towards the Poor in Eighteenth-Century England', in J. Garnet and C. Matther (eds.), *Revival and Religion Since 1700*, (London: Hambledon Press, 1993), pp. 59-78.

<sup>16</sup> See for example D. Eastwood, 'The Republic in the Village: Parish and Poor in Bampton, 1780-1834', *Journal of Regional and Local History*, 12 (1992), 18-28.

<sup>17</sup> Eastwood, *Governing Rural England*, p. 123.



philosophical, moral and economic basis upon which any system of poor relief was based.<sup>18</sup>

These (often sustained) attacks on the poor and the system of relief that sought to ameliorate their condition was increasingly allied to the emergence of industrial capitalism, and the re-orientation of the centrality of the commonweal within the fabric of society. The polarisation of wealth that ensued, as well as the impact and growth of individualistic religious conviction, would equally pave the way for the clergy to lay bare their prejudices against the poor during the final decades of the Old Poor Law, with the Reverend Joseph Townsend complaining that poor rates constituted little more than an unjust yet compulsory system of wealth redistribution.<sup>19</sup> In this light, the pamphleteers represented an echo of the fears that were abroad which had given rise to the need for the codification of a national 'system' of welfare in the first instance. The vagabonds and beggars of the late sixteenth century had merely been distilled into the poor themselves, and when conditioned by increased industrialisation, urbanisation and demographic growth, this gave rise to a fear of the poor which was itself increasingly shrouded in the respective doctrine of political economy, as contemporary pictorial representations of the poor indicate.<sup>20</sup> Although these critiques of the Poor Law are often thus considered to be representative of the prevailing sentimental wind, this is somewhat injudicious, as they only ever represented one sentimental reflection among many during the period.<sup>21</sup> As relief was very much rooted in the remarkably autonomous parish, this is an unremarkable though often unacknowledged reality of the welfare landscape. Indeed, as Oxley somewhat dismissively remarks, although the national legislative was subjected to a 'continuous barrage of comment and criticism from those with ideas to propagate, schemes to promote and axes to grind.... On the whole

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<sup>18</sup> These pamphlets were often (ill) disguised as attacks on the 'undeserving' poor. Fielding, and even the Rev. Richards for example conflated criminality and the poor. See H. Fielding, *Enquiry into the Causes of the Late Increase of Robbers* (London: 1751), p. 4; Rev. G. Richards, *The Immoral Effects of the Poor Laws Considered in a Sermon Preached at the Parish Church of Bampton, Oxfordshire; on Monday in Whitsun Week, 1818, at the Annual Meeting of the Friendly Societies of that Place* (London: 1818), p. 33.

<sup>19</sup> J. Townsend, *A Dissertation on the Poor Laws*, (London: 1817), pp. 35-7. For a detailed survey of the philosophical critiques of the Poor Law refer to T. A. Horne, *Property Rights and Poverty. Political Argument in Britain, 1605-1834* (London: University of North Carolina Press, 1990).

<sup>20</sup> For contemporary pauper iconography, refer to S. Shesgreen, *Images of the Outcast. The Urban Poor in the Cries of London* (Manchester: Manchester University Press, 2002), pp. 114, 89.

<sup>21</sup> Nathaniel Forster for example maintained that the 'happiness of a few thousands only' should not be 'paid for by the misery of as many millions'. N. Forster, *An Enquiry into the Causes of the Present High Price of Provisions* (London: 1767), p. 63.



the writings of the propagandists are not of great interest to those concerned with what actually happened in the parishes'.<sup>22</sup>

The disjuncture between the national and the regional, and the regional and the local, is a microcosm of the paradoxes and dichotomies that characterised the day-to-day administration of relief. Such realities may therefore render the entire question of sentiment somewhat reductionist in nature, and for historians such as Pat Thane and Susannah Ottoway, attempts to map sentiment are thus rendered effectively meaningless due to its localised and case specific nature.<sup>23</sup> This perspective is forcefully echoed by Steve Hindle, who argues that 'it is dangerous to generalise a county-wide or regional pattern on the basis of what might either be an unusually precocious account generated under the auspices of an assiduous collector, overseer, magistrate, or an atypically sophisticated initiative rendered necessary by peculiar economic circumstances (or, indeed, a combination of both)'.<sup>24</sup> As such, the historiography of sentiment highlights the divergent, and often convergent approaches to the English Poor Laws that historians adopt, and as a consequence of the relative scarcity of available data, any conclusions drawn are open to interpretation.

So how can trends in sentiment towards the poor be located if the available data is both limited and its relative significance contested? Much as it would be ludicrous to contend that there is homogeneity in the experience of being poor, it could be argued that to approach sentiment from a standpoint of homogeneity at any given point in history is equally foolish. An approach such as this would inevitably result in the search for any distinct 'trend' obscuring the 'particularity' of the sentiment that existed throughout the flexible system of local welfare provision. In order to comprehend these particularities, it is therefore important to introduce the parish and the poor into the equation – both as objects and shapers of sentiment – and

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<sup>22</sup> Oxley, *Poor Relief*, pp 28-29.

<sup>23</sup> S. Ottoway, *The Decline of Life. Old Age in Eighteenth-Century England* (Cambridge: Cambridge University Press, 2004); P. Thane, *Old Age in English History. Past Experiences, Present Issues* (Oxford: Oxford University Press, 2002). Thane and Ottoway have stressed the importance of life-cycle groups – in particular the aged – for any analysis of the operation of relief policy within and without parishes.

<sup>24</sup> S. Hindle, *On the Parish? The Micro-Politics of Poor Relief in Rural England c.1550-1750* (Oxford: Clarendon Press, 2004), p. 233. Hindle further argues that intra-regional differences were 'at least as, if not more' pronounced than inter-regional differences. 'This was a national system in which the principal differences were mosaics of local variation rather than a major regional schism'. *Ibid.*, p. 283.



address the key factors that informed and shaped the sentimental landscape of Oxfordshire.

### The Sentimental Landscape of Oxfordshire

As has been noted above, although numerous attempts have been undertaken by historians to trace sentiment during the tenure of the English Poor Laws, their self-imposed terms of reference mean that many of these studies fail to take into account the subtleties that existed in the welfare 'system' as experienced across England and Wales. For the purposes of this study of medical relief within the county of Oxfordshire, it is clear that these very same imposed terms of reference apply. However, a more finely tuned interpretation of the operation of sentiment during the Old Poor Law can be gleaned through the judicial utilisation of parochial records, in conjunction with a focus upon the medical relief of the sick poor in particular. Due to the contemporary significance afforded to their treatment – as established, however vaguely, in the codification of the Poor Laws at the turn of the seventeenth century – the sick poor may therefore be considered an excellent litmus test for an insight into the 'sentimental demarcations' that characterised parishes during the period. Consequently, despite the obvious limitations of the methodology, the adoption of the medical relief of the sick poor as a key indicator of the 'sentimental landscape' of Oxfordshire allows for important insights into the operation of the Poor Law at parochial and county level to be made.

Before we embark upon any detailed local analysis however, it is necessary to recognise that sentiment was itself theoretically rooted in and conditioned by statute law. Consequently, although the sick poor may be viewed as a key indicator of sentiment, it is important to acknowledge that despite the autonomy which characterised much parochial practice, relief itself was necessarily bound by the Poor Laws. The original codification of the Poor Laws in the 1601 Act of Elizabeth was a consequence of the convergence of two distinct yet inter-related sets of circumstances. The English Reformation, argues Paul Slack, had 'destroyed those fraternities and religious orders which might have encouraged collective initiatives...and created a vacuum in social welfare', which, when combined with the economic 'crisis years' around the turn of the seventeenth-century, elevated the



plight of the poor to the forefront of the public imagination and led to the impetus for reform of public welfare.<sup>25</sup> The emergence of what has come to be termed the English Old Poor Law, would therefore establish the legal framework for the public relief of the poor until it was itself supplanted by the Amendment Act of 1834.

At the heart of the 1601 legislation lay four key principles that would remain throughout the tenure of the Old Poor Law. Parishes were obligated to relieve their 'deserving' poor whilst providing work for the willing and punishment for the idle; underwrite relief by means of a local tax; administer welfare within the parish through the use of amateur (and unpaid) officers; and ensure that the parish was the relief of last resort.<sup>26</sup> Clearly, the specific historical and economic circumstances that had provided the impetus for welfare reform around the turn of the seventeenth-century all informed the philosophical rationale of the 1601 Act, which in turn had clear ramifications for the parish poor. As Hindle has persuasively argued, at the heart of the 1601 Act was an expectation that parochial resources were to be 'targeted appropriately', and that 'the interests of ratepayers were not prejudiced'.<sup>27</sup> In order to execute their duties in an appropriate manner therefore, overseers were 'to distinguish the deserving from the undeserving in each of the 9000 parishes of England'.<sup>28</sup> Although the issues of 'entitlement' and conceptions of 'deservingness' were inextricably bound together in the execution of the law, the extent to which the law unambiguously delineated between the 'deserving' and 'undeserving' was somewhat problematic, giving rise to potential conflict within the execution of relief within an uncertain sentimental terrain.

These arguments are something of a distraction however, in that they seek to impose a legal and concrete framework upon the application of relief policy within the parochial unit of administration. As Steven King pointedly reminds us, the gulf between legislation and practice was wide indeed, a point moreover which was forcibly made by the 1817 Select Committee on the Poor Laws.<sup>29</sup> Even the legally

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<sup>25</sup> P. Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988), p. 206.

<sup>26</sup> For a more detailed yet concise exposition of the stipulations of the 1601 Act refer to King, *Poverty and Welfare*, p. 20.

<sup>27</sup> S. Hindle, 'Civility, Honesty and the Identification of the Deserving Poor in Seventeenth-Century England', in H. French and J. Barry (eds), *Identity and Agency in England, 1500-1800* (Basingstoke: Palgrave Macmillan, 2004), pp. 52-3.

<sup>28</sup> Ibid.

<sup>29</sup> *Report from the Select Committee on the Poor Laws* (1817), p. 13. Baugh similarly recognises the disjuncture between the 'dominant national attitude' and actual practice, 'when policy was fashioned in the parishes much more than in parliament', and argues that one of the motives of the 1834 Poor



concrete arena of the settlement laws was not immune from such parochial uncertainties. As one of the primary tools at the disposal of local officers of the Poor Law, settlement theoretically delineated 'clear' legal responsibilities in respect of welfare provision for individuals and their families. Like most aspects of the Old Poor Law however, the extent to which the application of these laws actually impacted upon the relief of the poor in general, and the sick poor in particular, is contested terrain. Whilst it is not the intention of this chapter to replay these debates in all their nuanced detail, it is nevertheless necessary to flag up some of the key aspects of the settlement laws as they were played out in the daily administration of relief at parish level.

Examples of parochial recourse to these laws are not uncommon, and can readily be used to paint a picture of a parochial siege mentally prevailing during the Old Poor Law. In her thoughtful survey of poverty in Cambridgeshire for example, Ethel Hampson argued that these laws were the 'fly-wheel around which...the Poor Law administration revolved', whereby 'Needless expense was entailed, fraud and casual employment were encouraged, the ties of family life were loosened at every point, and, *up to 1795, callous brutality, frequently resulting in actual death, marked the attitude towards sick (and especially pregnant) persons*'.<sup>30</sup> The perceived need to restrict the potential 'outflow' of local resources meant that parishes were willing, and indeed on occasion compelled, to resort to a whole host of locally ordained policies which sought to 'protect' the parish. Exogenous factors such as the 'privatisation of customary rights' and enclosure for example meant that the local Poor Law had to evolve to deal with the consequences of these wider societal trends.<sup>31</sup> One consequence of these shifts, argues Norma Landau, was that the settlement laws were increasingly utilised in order to preserve communal resources for the established legal community.<sup>32</sup> Further, as Hindle reminds us, 'hostility

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Law Amendment Act was to facilitate the imposition of these 'national attitudes' upon the management of the poor within localities. D. A. Baugh, 'Poverty, Protestantism, and Political Economy: English Attitudes toward the Poor, 1660-1800', in S. B. Baxter (ed.), *England's Rise to Greatness, 1660-1763* (London: University of California Press, 1983), p. 94.

<sup>30</sup> Hampson, *The Treatment of Poverty in Cambridge*, p. 267. My emphasis. Despite the hyperbole, Hampson is rather less certain as to the importance that can be placed upon the settlement laws during the Old Poor Law. In the case of Oxfordshire at least, no clear example of brutal neglect leading to death due to the implementation of the laws of settlement have been discerned in the archive

<sup>31</sup> King, *Poverty and Welfare*, pp. 35-6.

<sup>32</sup> N. Landau, 'The Laws of Settlement and the Surveillance of Immigration in Eighteenth Century Kent', *Continuity and Change*, 3 (1988), 391-420; N. Landau, 'The Eighteenth-Century Context of the Laws of Settlement', *Continuity and Change*, 6 (1991) 417-39. This point was also reinforced in the



to...others was not paradoxical since well-defended parishes were the inevitable consequence of the localized responsibility for poor relief'.<sup>33</sup> The order in vestry at Warborough which bluntly stated 'that if John Arnould & Richard Arthur will not go Back again from whence they came or some other proper Place to be Aired their Garden's shall be Broke up and destroyed', clearly demonstrates the often precarious existence that individuals could experience when parishes sought to pursue those who did not 'belong'.<sup>34</sup> The erection of what may be termed parochial border-controls and the policing of the parish to identify and exclude 'outsiders' were therefore often direct consequences of wider exclusionary sentimental impulses that were abroad in the parish.<sup>35</sup> As the minutes of Yarnton clearly indicate, the link made between spiralling relief expenditure and the lax implementation of the settlement laws was often explicit. Stating that 'Whereas the population of this Parish has of late very much increased & the Poor Rates in proportion', the vestry resolved that it was 'highly expedient to prevent as far as possible any new settlements taking place by service or otherwise'.<sup>36</sup>

Given the perception of the need to 'defend the parish', and by implication local resources from those who did not 'belong' – especially in financially straightened times – it is entirely explicable that parishes could act in what may be considered a rash and uncharitable manner. Indeed, even critics of the Poor Law such

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*Report from the Select Committee on the Poor Laws* (1817), pp. 24-25. E. P. Thompson has further argued that 'Common right, which was in lax terms coterminous with settlement, was *local* right, and hence was also a power to exclude strangers'. E. P. Thompson, *Customs in Common* (London: Penguin, 1991), p. 184. See also K. D. M. Snell, *Parish and Belonging: Community, Identity and Welfare in England and Wales, 1700-1950* (Cambridge: Cambridge University Press, 2006), esp. chapter 2, 'The Culture of Local Xenophobia'; K. Wrightson, 'The Politics of the Parish in Early Modern England', in P. Griffiths, A. Fox and S. Hindle (eds), *The Experience of Authority in Early Modern England* (Basingstoke: Macmillan, 1996), pp. 10-46.

<sup>33</sup> The levels of expenditure that could be involved in the zealous enforcement of settlement could be remarkable. Steve Hindle cites the case of Frampton in Holland Fen, which spent £55 (almost 11 percent) of poor relief expenditure on the 'exclusion' of those that did not belong to the parish. Wrightson generally concurs with Hindle on this point, stating that parochial officers 'routinely rejected' those who had no legal settlement within the parish. S. Hindle, 'Power, Poor Relief, and Social Relations in Holland Fen, c.1600-1800', *The Historical Journal*, 41 (1998), 67-96; K. Wrightson, *Earthly Necessities. Economic Lives in Early Modern Britain* (London: Yale University Press, 2000), p. 219.

<sup>34</sup> MSS. D.D. Par. Warborough, e.1, f. 33. April 13, 1799.

<sup>35</sup> Wrightson argues that the settlement provisions of the Poor Laws 'provided a powerful incentive to exert control over immigration to the parish. Wrightson, *Earthly Necessities*, p. 219.

<sup>36</sup> PAR/303/2/A1/1, ff. 209-302. November 17, 1817. The assertion that the population of Yarnton had 'of late very much increased' is somewhat questionable. Census data indicates that between 1811 and 1821, the population of the parish had increased from 237 to 273 people, representing only a 15 percent increase over the duration. See *Comparative Account of the Population of Great Britain in the Years 1801, 1811, 1821, and 1831; with The Annual Value of Real Property in the Year 1815*. See also Eastwood, *Governing Rural England*, p. 111.



as the Reverend Malthus would lament the ‘persecution of men whose families are likely to become chargeable, and of poor women who are near lying-in’.<sup>37</sup> The removals of Mary Hoolton, Dinah Fulbrook, Eliza Burton, Mary Arnott, and Ann Anderson from Hook Norton and Pyrton between 1816 and 1821 certainly lend weight to such charges. All unmarried and ‘with child’, such removals clearly indicate that parishes were determined on occasion to be somewhat ruthless in the application of the law in order to avoid new settlements and associated relief obligations – irrespective of the impact that such actions may have had on the women concerned.<sup>38</sup> Despite the harsh treatment of even the pregnant poor, examples such as these should not cloud ones judgement however, for it was not uncommon for parishes to adopt a somewhat more liberal or humane approach in respect of settlement policy and enforcement.<sup>39</sup> Reasons for this were essentially twofold: namely the counterproductive economic consequences that could ensue from a ruthless enforcement of statute law; and the legal, moral and religious imperatives which limited the application of the law to the sick poor in particular.

The tacit threat of a return to the legal parish of settlement was one strategy among many that could be employed by the sick poor when pressing their claims for relief. The potential (and long term) expense that removal could set in train was clearly articulated by Mr Fuland in his correspondence to Great Milton concerning the Freeman family.

His Wages are fourteen Shillings per Week, out of which he has to pay Rent, leaving him certainly not sufficient to support his Family. Wife earns nothing being obliged to remain at Home with his Children, and I understand the poor Woman is again with Child. Under these circumstances I should hope you will not object to make this Man a weekly Allowance of three or four Shillings - *as he must otherwise be removed Home and thereby occasion for a much more serious Expenditure*.<sup>40</sup>

As we shall see in the following chapter, such correspondence employs many of the rhetorical techniques that abound within the negotiation strategies of the poor. The

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<sup>37</sup> Rev. T. Malthus, *An Essay on the Principle of Population*, 2<sup>nd</sup> edn. (London: J. Johnson, 1803), p. 412.

<sup>38</sup> MSS. D.D. Par. Hook Norton b.12/2. Item 81, September 5, 1818; MSS. D.D. Par. Pyrton, c.12, b. 16; 27; 29; 31. March 28, 1816; July 1, 1820; March 17, 1821; August 9, 1823. Vestry minutes for Pyrton indicate that Miss Fullbrook was indeed removed, and subsequently supported by the parish. MSS. D.D. Par. Pyrton, e.4. April 15, 1816.

<sup>39</sup> Howard-Drake for example argues there is no evidence that such ‘unpleasant’ and draconian removal practices were employed during the eighteenth century within the Oxfordshire parishes of Shipton and Leafield. Howard-Drake, ‘The Poor of Shipton under Wychwood’, p. 26.

<sup>40</sup> PAR/171/5/3A1/1. Item 102, June 18, 1817. My emphasis.



significant point, however, is that such techniques were also employed by officers of the parish, indicating that the issue of settlement and removal touched upon more than mere 'blood and soil' impulses. As Keith Snell has argued, 'belonging' was both 'formerly structured' and 'subjective', and it was this subjectivity which could shape the sentimental attitude to settlement and the enforcement of statute law.<sup>41</sup> In such circumstances, as the example of the Freeman family indicates, it was often expedient to either circumvent or just ignore the strictures of the law. At the heart of this lay the necessity to dilute statute law in order to minimise the economic consequences which the correct exercise of the law would have placed upon localities. Moreover, as Paul Slack has argued, 'If consistently enforced, the Act might have placed a sharp brake on migration, and there were critics who pointed to the damaging economic consequences when labour was scarce in some areas and plentiful in others'.<sup>42</sup> The desire not to place artificial constraints upon labour which could lead to the importation of unemployment and poverty into the parish therefore compelled local officers to act with restraint.<sup>43</sup> In this respect, the appeal of Elizabeth Wilkes of Cropredy for a 'smol trifel' to avert the return of her 'fameley...to the Cunterey as work is so ded' in 1813, and the advance of five weeks pay to Dorchester out-parish pauper Mary Dixey in 1799 as there was 'more money to be Earn'd among her Friends and she cannot subsist here without the help of the parish', were entirely rational responses to economic circumstance by both pauper and parish.<sup>44</sup>

If economic ramifications made parishes somewhat circumspect in the enforcement of settlement, legal restrictions surrounding the removal of the sick poor further eroded their room for manoeuvre. Although, as noted above, parishes were often willing to remove the pregnant poor, the law prohibited the removal of those who were considered too ill to bear the process. Examples of these 'suspended orders' are not uncommon within the archival record, with the Removal Order from

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<sup>41</sup> Snell, *Parish and Belonging*, pp. 18-19.

<sup>42</sup> Slack, *Poverty and Policy*, p. 194. This need to balance the supply and demand of labour against possible future claims upon the parish through the establishing of new settlements is noted in Wrightson, *Earthly Necessities*, p. 219.

<sup>43</sup> As Cowherd remarks, concern over the restrictive nature of the settlement laws, and the expense involved in litigation and the removal of the poor was commonplace. R. G. Cowherd, 'The Humanitarian Reform of the English Poor Laws from 1782 to 1815', *Proceedings of the American Philosophical Society*, 104 (1960), 328-42, p. 333. See also the *Report from the Select Committee on the Poor Laws* (1817), p. 25.

<sup>44</sup> PAR/78/5/C/1, OA/9/2. December 9, 1813; PAR/87/2/A1/2, March 4, 1799.



Standlake to Pyrton of Jane Brewer for example suspended 'by reason of sickness & Infirmary'.<sup>45</sup> Moreover, the removals of Thomas Roberts, his wife and three children, and Caroline Humphries, all to Hook Norton, were suspended due to pregnancy, indicating that the medical imperative could outweigh the legal and financial implications of childbirth.<sup>46</sup>

Despite such examples of reasonable behaviour towards the non-settled sick poor, the law did ostensibly provide parishes with a degree of latitude in respect of the scale and scope of the relief that they dispensed to paupers that did not 'belong' – a flexibility which characterised the administration of the Old Poor Law more generally. The legal vulnerability of these paupers meant that officers of the parish could impose their own sentimental impulses when circumstance dictated. Indeed, at the core of much settlement litigation was an attempt to establish a principle of legal responsibility, rather than any immediate resort to either relief or removal. For example, when Wigginton expended the princely sum of £2 2s. 0d. to secure a Removal Order for Henry Stratford and family, it is doubtful that the suspension of the Order for around two months due to the sickness of his wife would have taken the parish by surprise. Although Wigginton would claim thirteen shillings for maintenance during the suspension, the impression which emerges is that recourse to settlement was primarily an attempt to establish the principle of legal responsibility for the poor, and it was this which moved the issue centre stage when dealing with the non-settled sick poor, as these particularly vulnerable people were more likely to make a claim on the parish.<sup>47</sup> Like so many aspects of the operation of the Old Poor Law therefore, exactly how such technically 'concrete' aspects of the architecture of relief such as settlement played themselves out within the fiefdom of the parish was essentially determined by arbitrary and vacillatory factors. Although Slack has correctly identified that 'Every system of welfare needs some clear demarcation of entitlement; it cannot be open-ended', it remains somewhat less certain that the

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<sup>45</sup> MSS. D.D. Par. Pyrton, c.12, b. 15. February 22, 1816.

<sup>46</sup> MSS. D.D. Par. Hook Norton b.12/2. Item 72, October 15, 1813. The actual removal was only delayed until December 21, 1813; *Ibid.*, Item 90, June 12, 1823. For other suspended removals see: MSS.D.D. Par. Chadlington, c.13, b. Item 10, July 10, 1816; MSS.D.D. Par. Charlbury, b.8/2. Item 9, December 11, 1816; MSS.D.D. Par. Northmoor, b.1, Item d. December 8, 1831; MSS.D.D.Par. Souldern, c.7, e. Item 33, January 4, 1819; MSS.D.D. Par. Taynton, c.2, g. Item 31, July 10, 1816.

<sup>47</sup> MSS.D.D. Par. Wigginton, c.3, 'Assistant Overseer's Report, October 3, 1818'. The expenditure covered the cost of a 'Journey to Bloxham to attend Meeting of Magistrates' in order to obtain the Removal Order.



settlement laws ‘made the burden of poor relief tolerable by setting real bounds to it’.<sup>48</sup>

It is important to recognise however that the desire to impose ‘bounds’ upon entitlement was entirely explicable within a context of real and sustained rises in relief expenditure.<sup>49</sup> The financial squeeze which gripped many parishes as the Old Poor Law entered its final decades meant that relief policy became increasingly informed and conditioned by wider moral and economic impulses, and it is to these shapers of parochial sentiment that we now turn.

### Moral Conditioners of Sentiment

If a man hath ceased to be industrious and frugal, hath become indifferent as to character, hath lost his attachment to his employer, and feels even his natural affections strangely weakened and diminished, he will, it is probable, soon become, as far as his means extend, a sensualist...leaving to those, who used to be most dear to him, the scantiest pittance, or abandoning them altogether to the care of strangers, he will have recourse to the pleasures of sense... Swearing, disrespect to superiors, and discontent, are the first fruits of his resort to the common receptacle of Vice and Idleness.<sup>50</sup>

In his *Dissertation on the Poor Laws*, Joseph Townsend was scathing of the ‘pernicious’ effects of the Poor Laws, lamenting that they had ‘done much to vitiate the habits, dispositions and character’ of ‘a very large portion’ of the people.<sup>51</sup> Such disquiet was entirely explicable, for as King remarks, the 1601 Act ‘imposed no restraint on local administrators in the process of defining who was and was not deserving’, and that ‘officials could...construct different grades of deservingness’.<sup>52</sup> This definitional elasticity permitted parishes significant room for manoeuvre with, argues Miri Rubin, relief policy often ‘governed by non-economic, religious and cultural values’.<sup>53</sup> As Jonathan Barry and Henry French remark, ‘parish authorities and the magistracy constructed the identity of the “deserving poor” by reference to a series of behavioural and normative characteristics’. The deserving poor were thus

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<sup>48</sup> Slack, *Poverty and Policy*, p. 194.

<sup>49</sup> For the growth in Oxfordshire relief expenditure, refer to Figure 2.2.

<sup>50</sup> Richards, *The Immoral Effects of the Poor Laws*, pp. 29-30.

<sup>51</sup> J. Townsend, *A Dissertation on the Poor Laws* (London: 1817), p. vi.

<sup>52</sup> King, *Poverty and Welfare*, p. 21. Wrightson has argued that such discretion was in fact crucial if the ‘system’ of relief was to be acceptable to the ratepayers who would underwrite the costs within the parish. Wrightson, *Earthly Necessities*, p. 218.

<sup>53</sup> M. Rubin, *Charity and Community in Medieval Cambridge* (Cambridge: Cambridge University Press, 1989), p. 15.



compelled to establish their right to relief by means of an overt fear of God and observance of religious duties by means of regular church attendance, industriousness, thrift, sobriety, deference to social superiors and ‘general “painfulness” in minimising the burden they placed on the parish.’<sup>54</sup> This inspired parish authorities to seek both to ‘reform the poor and to *re-form* them’ – a process that entailed the cultural reconstruction of the deserving poor ‘through the values of civility and honesty propagated by the discretionary administration of the civil parish’.<sup>55</sup>

This tradition of imposing moral conformity was well established within the canon of parochial governance by the mid-eighteenth century. Indeed, for parishes such as Nuneham Courtenay, there is little doubt that it ‘intruded directly and powerfully into daily personal experience’, with Lord Harcourt even establishing an annual “Order of Merit” amongst parishioners, whereby ‘The names of the most meritorious were painted on the church-walls, and the letter M fixed on the porch of the house in which they lived’.<sup>56</sup> Regulating and policing the behaviour of the poor was therefore nothing new. Indeed, the moralist Samuel Hammond had argued as early as 1659 that control of the alehouse was the very ‘foundation of reformation’, and the overzealous consumption of alcohol was one of the most obvious signifiers of moral laxity to local officers of the parish.<sup>57</sup> The applications to the vestry for shoes by paupers Lamprey and Upton of Banbury for example were therefore summarily dismissed, with the word ‘drunk’ recorded in the minutes.<sup>58</sup> Moreover, even the sick poor were not immune from such moral discrimination. When ‘Mark West the Drunkard applied for relief being ill’ in August 1826 therefore, it was entirely explicable that the Cuddesdon vestry responded that ‘he might work if he pleased but no relief in any other shape would be extended to him’.<sup>59</sup> Even when the

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<sup>54</sup> French and Barry (eds), ‘Introduction’, p. 25. See also Hindle, ‘Civility, Honesty’, p. 48.

<sup>55</sup> Ibid. See also Hindle, ‘Civility, Honesty’, and P. King, ‘Social Inequality, Identity and the Labouring Poor in Eighteenth-century England’, both in French and Barry (eds), *Identity and Agency*, pp. 38-59, esp. p. 50; and pp. 60-86 respectively.

<sup>56</sup> French and Barry (eds), ‘Introduction’, p. 30; J. J. Moore (ed.), *Shrimptons’ Popular Handbooks* (Oxford: T. Shrimpton and Son, 1872), pp. 53-4.

<sup>57</sup> S. Hammond, *Gods Judgements upon Drunkards etc.* (London: 1659). Cited in K. Wrightson and D. Levine, *Poverty and Piety in an English Village. Terling 1525-1700* (London: Academic Press, 1979), p. 136. Even the somewhat reflective Thomas Attwood considered the ‘abuses of fermented and spirituous liquors [to be] the first, and the last, and the worst of all the evils that have acted on the encrease of pauperism’. T. Attwood, *Observations on Currency, Population, and Pauperism, in Two Letters to Arthur Young, Esq.* (Birmingham: 1818), p. 95.

<sup>58</sup> MSS.D.D. Par. Banbury, c.36, f. 121. December 26, 1820.

<sup>59</sup> PAR/81/2/A2/1, f. 35. August 7, 1826.



care and management of the poor were contracted out, the desire to instil in the poor appropriate manners and attitudes was maintained, with the farmer of the Henley poor relieved of his contract due to the 'religious non-observance by the poor; and complaints made by overseers and churchwardens against him'.<sup>60</sup>

Indeed, due to the constitution of the Poor Laws, and the widespread religiosity that prevailed amongst parishioners, the church not only retained a degree of authority, but also purchase within the architecture of local relief.<sup>61</sup> The centrality of the church to the imposition and enforcement of moral codes is therefore noteworthy, and echoes Eastwood's observations concerning the central role that the church played in propping up the local social order.<sup>62</sup> Although the dissolution of the Monastic Orders had emasculated Papal authority in respect of welfare delivery, the adolescent Established Church adopted a more arms-length approach to meeting the needs of the poor and needy by means of exercising influence and control of the ostensibly secular institution that was the Poor Law.<sup>63</sup>

Such religious meddling in the temporal needs of the poor was not considered beyond acceptable bounds however, as the Church, and submission to its authority, was one of the main pillars of agrarian society in particular. One's place within the local hierarchy was to a large extent viewed through the prism of divine provenance, and to challenge this was to challenge the authority of the church itself. Consequently, the 'secular' parish had at its disposal a powerful ally in the guise of the church, which forged a symbiotic relationship between religious and social deference and allowed social conformity to be pressed home on the back of religious submission.<sup>64</sup> Indeed, the duty of the church to 'interfere in public affairs' was actively promoted by individuals such as Robert Hall, with the Reverend George Richards unambiguously remarking that 'Christianity accommodates itself to the

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<sup>60</sup> MSS.D.D. Par. Henley St. Mary, b.1. September 17, 1779.

<sup>61</sup> Snell, *Parish and Belonging*, p. 15.

<sup>62</sup> Eastwood, *Governing Rural England*, p. 19.

<sup>63</sup> Ibid. The relationship between the clergy and the Poor Law was remarkably incestuous, for just as religious incumbents were often *ex officio* chairmen of the vestry, the vestry also controlled church rates. As Eastwood pithily remarks, this represented a 'humble interfusion of God and Caesar'. D. Eastwood, *Governing Rural England. Authority and Social Order in Oxfordshire, 1780-1840* (Unpublished D.Phil., Oxford University, 1985), p. 24.

<sup>64</sup> For the influence of 'Godly worth' upon relief policy, refer to Wrightson and Levine, *Poverty and Piety, passim*; Slack, *Poverty and Policy*, pp. 149-55.



temporal as well as to the spiritual'.<sup>65</sup> The most significant arena for this heady amalgam of religious and social control was the parish church, and as Hindle has argued, regular church attendance demonstrated paupers participation in 'communal rituals of worship, but also proved that they recognised their place in the social order and that they feared God'.<sup>66</sup>

This use of the spiritual to reform the temporal was an entrenched feature of the Oxfordshire welfare landscape, with for example the Bampton vestry ordering as early as 1762 'that no Bread be given to any person who does not attend divine service', and in 1775 that church attendance would result in an increase of the bread allowance distributed to the penitent poor.<sup>67</sup> The final decades of the Old Poor Law witnessed no discernable decline of such relief practices, with the Warborough vestry resolving in 1800 that 'All Families shall attend Divine Service every Sunday or else they shall have no Collection', and Henly St. Mary demanding in 1812 that 'All the poor in the House attend Divine service Every Sunday Morning and afternoon...or have no Dinner'.<sup>68</sup> The giving of alms could also become tied to the wider administration of relief, with the distribution of bread and bacon to the poor of Bladon taking place in the church 'at the discretion of the Rector and Churchwarden', with the Peter Hopkins charity money 'to be distributed in the same manner'.<sup>69</sup> What is telling from such directives is that little dispensation appeared to be given to the sick poor, suggesting that sickness did not always equate to an automatic and universal entitlement to relief, and that even they were not immune from wider periodic attempts at reforming the poor.

Despite such endeavours to police morality however, the suspicion remained that relief was being disbursed to the 'undeserving' poor, and objections to relief tended to coalesce around the indiscriminate nature of such practices. The *Report from the Select Committee on the Poor Laws* of 1817 for example was highly critical

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<sup>65</sup> R. Hall, *Christianity Consistent with a Love of Freedom: Being an Answer to a Sermon, Lately Published by the Rev. John Clayton* (London: 1791), p. 22; Richards, *The Immoral Effects of the Poor Laws*, p. 8.

<sup>66</sup> Hindle, 'Civility, Honesty', p. 41.

<sup>67</sup> PAR/16/2/A1, ff. 28, 46. January 17, 1762; April 12, 1775.

<sup>68</sup> MSS.D.D. Par. Warborough, e.1, f. 43. November 10, 1800; MSS.D.D. Par. Henley St. Mary, c.1. July 29, 1812..

<sup>69</sup> MSS.D.D. Par. Bladon, c.5, f. 27. The practice of placing the distribution of private charitable donations to the poor under the jurisdiction of parish officers was, argues Wrightson, not uncommon. Wrightson, *Earthly Necessities*, p. 217. It could be argued that this endowed local elites with a remarkable degree of control over the welfare alternatives that were available to the poor, be they private, social, secular or religious in origin or intent.



of relief practice, stating that although ‘the persons entitled to relief, and the sort of relief seem to be pointed out with sufficient clearness...the practice has in many instances long been at variance with the law.’<sup>70</sup> Commissioner Okeden would raise similar objections nearly two decades later, stating that every overseer in the 104 Oxfordshire parishes he surveyed ‘shamelessly avowed that no attention was paid’ to character when awarding relief.<sup>71</sup> To what extent were these reports of the diminution of character and deservingness in Oxfordshire – particularly in relation to the sick poor – accurate however? When one refers to the responses to *Rural Queries*, it is indeed the case that a somewhat nuanced picture emerges in respect of the relationship between such sentiment and relief policy. Responses to question 26, which enquired whether ‘any and what attention [is] paid to the Character, or to the Causes of his Distress?’, indicated a curate’s egg respecting parish policy and pauper probity.

	No. of Parishes
Sufficient attention paid.	6
Insufficient attention paid.	18
No response received.	5
<b>Total:</b>	<b>29</b>

Source: *Report from His Majesty’s Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (B. 1.), Answers to Rural Queries, Part II* (1834), pp. 367-382 b.

Despite the returns for *Rural Queries* numbering far fewer than the 104 parishes which Okeden reportedly covered during his enquiries, they nevertheless broadly confirm his assertions.<sup>72</sup> Although it should not go unremarked that twenty percent of respondent parishes still reported that character remained a determinant of relief policy, the impression which emerges is that by 1834 at least, character had ceased to be one of the principal arbiters of relief within many parishes.

If character – broadly defined – was increasingly peripheral to parochial relief policy therefore, to what extent was the imperative to labour similarly marginalised? The linkage of labour and entitlement was – theoretically at least - one of the primary

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<sup>70</sup> *Report from the Select Committee on the Poor Laws* (1817), p. 13.  
<sup>71</sup> *Report from His Majesty’s Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (A.), Reports of Assistant Commissioners, Part I* (1834), p. 1a. Original emphasis.  
<sup>72</sup> Of the eighteen parishes reporting that insufficient attention was paid to an applicant’s character, three parishes explicitly stated that no attention whatsoever was paid to character when determining relief settlements.



contioners of relief. As Hindle remarks, 'The deserving poor were...identified primarily by their *inability to labour*: they were the 'lame, ympotent olde blynde and other such amonge them being poore and not able to worke'.<sup>73</sup> Mathew Hale clearly supported this distinction, arguing that relief was the preserve of the impotent, and not the poor 'that are able to work if they had it' – a view which echoed the Rev. George Richards' scriptural dictum that 'If any man will not work...neither let him eat'.<sup>74</sup> The linkage of relief to labour is indeed a recurrent theme that emerges throughout Oxfordshire, suggesting that such sentimental impulses were in part a determinant of relief policy during the Old Poor Law.<sup>75</sup> When the Rev. Richards implored that the spirit of labour 'should be preserved in undiminished vigour', it was entirely explicable therefore that James Perry's application for relief should be summarily rejected on the grounds that 'it appeared by complaint of the overseer' that he had 'idly spent his time and money at Hugh Davis', at the Red Lion'.<sup>76</sup> The categorical statement by the Cuddesdon select vestry that 'every payment of money for relief should be only in consequence of labour' therefore reflects much of the sentimental undercurrent which would underpin the relief architecture of the New Poor Law.<sup>77</sup> The need to be industrious consequently permeated the sentimental landscape of the county, with Finmere decreeing that both 'Little boys' and 'Old Men' should be 'employed upon the roads...or sent round as shall seem fit', and the Whitchurch vestry resolving that widows in receipt of an allowance and able to work 'should now be paid something less per week'.<sup>78</sup> In Dorchester, this linkage was more explicit, with the vestry resolving that parish widows were only to be allowed a weekly allowance 'provided the Weather is such that they cannot work'.<sup>79</sup> For the

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<sup>73</sup> Hindle, 'Civility, Honesty', pp. 38-9. Citing clause I of the 1598 legislation. Refer to Slack, *Poverty and Policy*, p. 126.

<sup>74</sup> M. Hale, *A Discourse Touching Provision for the Poor* (1683), pp. 6-7. Cited in Slack, *Poverty and Policy*, p. 192; Richards, *The Immoral Effects of the Poor Laws*, p. 14. Even less moralistic observers such Thomas Attwood believed that the Poor Laws should be 'corrected or repealed', so that relief should be denied to all except those who work. Attwood, *Observations on Currency*, p. 46.

<sup>75</sup> As Fissell has argued, treating the sick could contribute to a swift return to productive labour. M. E. Fissell, 'The "Sick and Drooping Poor" in Eighteenth-Century Bristol and its Region', *Social History of Medicine*, 2 (1989), 35-58, p. 36.

<sup>76</sup> Richards, *The Immoral Effects of the Poor Laws*, p. 13; PAR/105/2/A1/1, f. 15. May 28, 1816.

<sup>77</sup> PAR/81/2/A2/2, f. 8. May 21, 1829.

<sup>78</sup> PAR/105/2/A1/1, f. 98-100; f. 102-3. October 27, 1823; November 3, 1823; PAR/287/2/A/1, f. 108. January 28, 1816.

<sup>79</sup> PAR/87/2/A1/2, f. 1. April 7, 1794.



women of Taynton, such rewards were similarly marked, with a shilling a week awarded to all those 'who continue going to worke'.<sup>80</sup>

To what extent was this symbiotic linkage nullified by sickness however? Clearly, the presumption that sickness was morally neutral naturally conferred a degree of *de facto* entitlement on the poor, especially when incapacity involuntarily rendered the poor unable to maintain that state of independence so beloved by vocal moralisers such as the Rev. Richards. The directive from the Spelbury vestry for example 'That Jo<sup>s</sup> Benfield be allowed 6<sup>sh</sup> on account of his inability to work, being lame' in June 1823, with an additional allowance of '7<sup>sh</sup> for the week past, and 7<sup>sh</sup> for the present week on account of his lameness' illustrates that sickness could forge an accommodation within the prevailing sentimental terrain.<sup>81</sup> Likewise, the decision of the Banbury vestry to grant W<sup>m</sup> Bushell ten shillings on account of 'a swelling under the Arms' which rendered him 'quite incapable of work', would appear to support this view.<sup>82</sup> Moreover, the award of twelve shillings to Thomas Leach 'on account of illness in the last summer & particularly during the time of Harvest' indicates that relief could operate as a form of compensation for lost labour.<sup>83</sup> This was stated in unambiguous terms by Enstone, when they granted William Faulkner nine shillings on account of 'lost time with a Bad Hand being unable to work', and resolved that William Hall be 'allowed the sum of 1/8...for two Days lost in work going fir Doctor is Wife being seriously ill'.<sup>84</sup>

To view such actions as an indicator of a somewhat malleable sentimental paradigm is somewhat problematic however, for parishes were not above imposing harsh relief settlements upon even the sick and disabled. The unremitting attitude of Finmere for example appeared to encompass even the ailing poor, with the resolution that 'labourers disabled by eye or other infirmities...should still be continued on their rounds when in want of work'.<sup>85</sup> In the case of paupers Arnold and Harvey, Warborough were similarly reticent about the degree to which sickness conferred an entitlement upon the poor, with the vestry procrastinating over relief judgments despite both being disabled by afflictions of the eyes which rendered them unable to

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<sup>80</sup> MSS.D.D. Par. Taynton, b.5. May 29, 1823.

<sup>81</sup> PAR/246/2/A1/1/1. June 16, 1823, and October 6, 1823.

<sup>82</sup> MSS.D.D. Par. Banbury, c.37, f. 70. September 2, 1823.

<sup>83</sup> PAR/246/2/A1/1, February 11, 1822.

<sup>84</sup> PAR/97/2/A1/1, f. 7. March 3, 1823; PAR/97/2/A1/1, f. 5. June 20, 1823.

<sup>85</sup> PAR/105/2/A1/1, f. 28. August 31, 1818.



work.<sup>86</sup> It can equally be inferred that as the Old Poor Law entered its twilight years, the sick poor found themselves increasingly subject to the financial constraints that characterized the Poor Law during this period. When George Freeman applied for relief therefore, the Great Milton vestry ordered that he was to be ‘examined by the parish Apothecary & sh<sup>d</sup> he be thought capable to work, that work be provided for him accordingly’.<sup>87</sup> Such instances indicate that during the lean years of the early nineteenth century, the parish doctor was used not only for the administration of medical assistance, but also to facilitate the officers of the parish in weeding out potential malingerers from the relief lists. Indeed, as the following excerpt from the Cuddesdon vestry minutes indicates, the requirements that the sick poor were compelled to meet in order to reconcile their nominal entitlement with the prevailing sentiment of the local ruling elite could be remarkably demanding.

It was resolved to make the following rule relative to the Parish relief given to sick persons’. That it is the duty of every person unable to work to take the earliest opportunity possible of reporting himself to the overseer as unfit for Labour & if he neglects to do so the overseer be directed to refuse him all assistance previous to his coming to him as however it may happen that the interval of a day must if necessity sometimes take place before the overseer can have knowledge of the person’s case the overseer shall be authorized upon sufficient cause to satisfy him being shown to allow the person for the one Day that he has not the overseers’ authority for staying from work.<sup>88</sup>

If, as Hindle argues, the ‘politics of the poor rate were the politics of exclusion’, then the imposition of behavioural norms – in particular those which equated labour with entitlement – were a simple yet elegant mechanism by which local elites could enforce their sentimental disposition upon the relief process.<sup>89</sup> Despite the somewhat fragmentary nature of the parochial archive, it is nevertheless possible to discern that the sentimental sands had at least in part started to shift during the final decades of the Old Poor Law, with a greater implicit emphasis being placed upon the curtailment of relief to the morally suspect. Indeed, the order that ‘Lewis Birt...be struck off of the book having recovered his health’ by the Warborough vestry

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<sup>86</sup> MSS.D.D.Par. Warborough, e.3, ff. 31, 51. .August 13, 1823; July 14, 1824.

<sup>87</sup> PAR/171/2/A1/1, ff. 4-5. February 6 and 27, 1822. Three week after the examination, Freeman’s allowance was duly discontinued by the vestry.

<sup>88</sup> PAR/81/2/A2/1, f. 44. December 26, 1826. This is not to state that such practices were the most draconian that were either in operation, or being promoted by the advocates of Poor Law reform. Thomas Attwood for example saw the workhouse as a ‘depot of charity’ for the sick and infirm, with ‘no opening for imposition, because no relief would be extended out of the workhouse, and no persons would be admitted into them without the certificate of respectable surgeons that they were unable to work’. Attwood, *Observations on Currency*, p. 44.

<sup>89</sup> Hindle, ‘Power, Poor Relief’.



indicates that even the sick poor were not beyond the reach of such sentimental currents.<sup>90</sup> To suggest that such examples of a punitive policing of the sick poor were emblematic of a wholesale refinement and hardening of sentiment would be misleading however. As Eastwood acknowledges, 'poverty disguised any abstract distinctions between the feckless and the potentially industriousness, thereby thwarting attempts to police the poor in order to maintain essentially moral distinctions between paupers'.<sup>91</sup> When Burbage applied to the Yarnton vestry for an 'increase of allowance' therefore:

he was reminded of the 50<sup>s</sup> given him by the Parish to buy Blacksmith's tools' which tools he had sold & thereby disabled himself from working at his Trade – it was also reported to this meeting that the Woman he lodges with had written to the overseer, stating that 16 weeks arrear of rent for Lodging was due – Upon considering the whole of this case & the character of the Party, it was deemed best to go to Justice & have his allowance settled by order.<sup>92</sup>

Despite the questionable moral rectitude of Burbage, it is noteworthy that sickness appeared to trump these shortcomings, and that the vestry referred the case to the magistrates. The implication of such a decision is that moral imperatives did not habitually blinker the relief process and colour it with a discernable parochialism. Moreover, it is clear from overseers accounts for the period that Yarnton did not demur from the ruling which ensued, with the parish underwriting Burbage's rent obligations to the tune of £2. 7s. 9d., in addition to 9s. 8d. paid to Dr Cooke and general cash disbursements totalling £1 19s. 0d.<sup>93</sup> Such largesse disbursed to even the compromised poor was not uncommon, and as King remarks, when parishes wished to be rid of 'problem paupers', it was common practice to merely give them money and send them on their way.<sup>94</sup> This was clearly evident in Oxfordshire, with Banbury alone paying to send families to Coventry, Leicester and Nottingham.<sup>95</sup> As such, the desire to instil an 'independent spirit' was not always one of the organising principles of parochial relief. When Edward Nicholls was judged too infirm 'to earn a sufficiency by task' therefore, Whitchurch merely resolved that 'he be allowed 7<sup>s</sup> -

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<sup>90</sup> MSS.D.D.Par. Warborough, e.3. January 25, 1826

<sup>91</sup> Eastwood, *Governing Rural England*, p. 115.

<sup>92</sup> PAR/303/2/A1/1, f. 7. December 1, 1811.

<sup>93</sup> PAR/303/5/F1/2, *Last Half Years Accounts 1811*. In addition to these payments, vestry minutes also indicate that Anne Burbage was nursed at the expense of the parish. PAR/303/2/A1/1, f. 14. August 2, 1812.

<sup>94</sup> King, *Poverty and Welfare*, p. 23.

<sup>95</sup> MSS.D.D. Par. Banbury. c.36, ff. 63, 147; MSS.D.D. Par. Banbury, c. 37, f. 39.



per week to do any thing the surveyors may want to have done'.<sup>96</sup> In this respect it may be suggested that the indulgent tone evident in the minutes indicates that the desire to put the sick poor to work was in part at least symbolic: a settlement that appeased both the perceived entitlement possessed by paupers, and moral propriety and fiscal prudence demanded by ratepayers.

### Financial Conditioners of Sentiment

Sentiment was inevitably tied up in the perceived affordability of relief, and this rather mundane reality can be somewhat glibly dismissed within wider discussions of the rationales which underpinned parochial relief policy. Although Rosalind Mitchison and Martin Daunton have argued that both ratepayers and poor shared the same 'basic social unity of values and purpose', this is somewhat difficult to reconcile with the fractious nature of much parochial governance.<sup>97</sup> For example, although Peter King and Eastwood have argued that the 'wisdom' of the magistracy and its 'administrative perspective' was respected within the parish, it is clear that local officers and ratepayers were determined on occasion to reject this pan-parish perspective when they considered such policies contrary to their own more pressing sectional interests.<sup>98</sup> The charge that magistrates in particular 'created new expectations' amongst the poor was not uncommon within parishes, and even the relatively benevolent James Bicheno felt compelled to remark that checks and balances were needed in order to 'prevent the injustice oftentimes done by a single magistrate, who may be misled by mistaken humanity'.<sup>99</sup> Moreover, this view was exacerbated by the suspicion that such meddling in parish affairs was part of a wider attempt to emasculate the independence of local officers.<sup>100</sup> The directive to the officers of Hook Norton compelling them to 'provide a sufficient stock of Provisions...towards the support and maintenance of the Poor' over winter for

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<sup>96</sup> PAR/287/2/A/1, p. 171. November 25, 1824.

<sup>97</sup> Hollen-Lees, *The Solidarities of Strangers*, p. 11. R. Mitchison, *Coping with Destitution: Poverty and Relief in Western Europe* (Toronto: Toronto University Press, 1991), pp. 33, 38. M. Daunton, *Progress and Poverty: an Economic and Social History of Britain, 1700-1850* (Oxford: Oxford University Press, 1995), p. 452.

<sup>98</sup> King, 'The Summary Courts'; Eastwood, *Governing Rural England*, p. 31.

<sup>99</sup> J. E. Bicheno, *An Inquiry into the Poor Laws, Chiefly with a View to Examine them as a Scheme of National Benevolence and to Elucidate their Political Economy* (London: 1824), p. ix.

<sup>100</sup> Eastwood, *Governing Rural England*, pp. 133, 106.



example gives a flavour of the interventionist tendencies of the magistracy when parochial responses to poverty were considered inadequate.<sup>101</sup>

Such meddling in the affairs of the parish was particularly unwelcome, for as Eastwood has argued, 'the administrative independence of the parish rested on...fiscal autonomy'.<sup>102</sup> In his submission to the Poor Law Commission therefore, Thomas Edwards was predictably scathing of such interference in relief policy, arguing that true knowledge of the poor and their needs lay in the parish, and was not the preserve of 'gentlemen who frequently live many miles from them'.<sup>103</sup> This disparity in outlooks may explain the rancour that characterised much local government of the period, with concerns over relief expenditure prompting 'frequent complaints' within parishes and numerous 'attempted reassessments'.<sup>104</sup> Such retreats into naked self-interest did not always pass unremarked however, with even the overseer of St. Peter le Bailey, Oxford, feeling compelled to pen a poem entitled *The Vestry* in order to vent his frustration.

But, hark! that Sound would nearly wake the Dead;  
The Vestry Bell; a tax is to be made;  
And Wretches now profane the sacred floor,  
Who never come but to oppress the Poor.<sup>105</sup>

Although contemporary Thomas Turner remarked that 'whenever the public good and that thing, self-interest, stand in competition with each other, the last should always submit and give way to the former', this was often far from the case within parishes.<sup>106</sup> That the law sought to accommodate the needs of both paupers and

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<sup>101</sup> MSS. D. D. Par. Hook Norton, b.12/10. Item 11, January 20, 1801, The letter states that the provisions should include 'Milk, Rice Pulse, Potatoes, Meat, Fish, Bacon some or all of these within fourteen days from the Date hereof'.

<sup>102</sup> Eastwood, *Governing Rural England*, p. 32.

<sup>103</sup> *Report from His Majesty's Commissioners, Appendix (C.), Communications*, p. 425 c. The density of magisterial coverage amounted to one per thousand people in Oxfordshire, so such charges of 'ignorance' were not wholly without foundation. Eastwood, *Governing Rural England*, p. 78.

<sup>104</sup> A. Crossley (ed.), *The Victoria History of the County of Oxford: Bampton Hundred*, Vol. 13 (Oxford: Oxford University Press, 1996), p. 45. See for example PAR/16/2/A1/1, f. 65, April 1, 1792; PAR/16/2/A1/2, f. 38, February 27, 1814; MSS.D.D. Par. Burford, e.4, ff. 60-1; King, *Poverty and Welfare*, p. 31.

<sup>105</sup> N. Elliot, *The Vestry, a Poem. By an Overseer of the Poor. Of the Parish of St. Peter le Bailey, Oxford* (Oxford: 1767). The poem continues, 'Shall we, presume, his righteous Ways to scan? Impeach his Justice, as dispens'd to Man? If rich, conclude we must be wise and good? If poor, be vile, and quite unworthy Food? As Creatures of his Hand, we've all a Share; And each is useful, in his proper Sphere. While some present the cordial Draught to Age, To make life easy, in its latest Stage; Let our paternal Hands, the infant raise, And with his Gifts, return the Giver Praise'.

<sup>106</sup> D. Vaisey (ed.), *The Diary of Thomas Turner 1754-1765* (Oxford: Oxford University Press, 1985), p. 289.



ratepayers is somewhat unremarkable. In this respect, the tendency of parishes to engage in relief experimentation during the final decades of the Old Poor Law was entirely explicable, seeking as they were to reconcile these competing demands within a legal framework which itself presented parishes with opportunities to shape and refine relief within the constraints of local poverty landscapes.

The employment of the workhouse was one of the most practicable relief alternatives available to parishes – presenting opportunities to both instil a degree of moral rectitude in the poor and contain relief expenditure. Although Gilbert's Act of 1782 is widely seen as a departure from the prevailing orthodoxy that 'going on the parish' represented a personal failing requiring punitive indoor relief – particularly in respect of the sick and aged poor – to what extent was this the case in Oxfordshire? At the local level, it is clear that irrespective of the supposed shift in sentiment that such legislation represented, the impulses that ultimately propelled parochial experiments with indoor relief were often far from the humanitarian rhetoric that engulfed the 'purpose' of the workhouse within the national discourse. In order to limit relief expenditure therefore, Pyrton resolved that it would be 'necessary and convenience [sic] to Build a Workhouse', whereas the Finmere vestry were more explicit, remarking how 'advantageous to the parish' it would be to 'adopt the workhouse system with a view to diminishing the charges for weekly relief'.<sup>107</sup> Although Margaret Crowther maintains that the workhouse was rarely used as a receptacle for the sick poor, it is clear that some Oxfordshire parishes nonetheless succumbed to these wider sentimental shifts, which could have profound consequences for individual paupers.<sup>108</sup> When Elizabeth Brown applied to Henley for relief on account of her daughter 'who is subject to fits', the vestry somewhat punitively ordered that relief was conditional on her being 'admitted to the Poorhouse'.<sup>109</sup> Indeed, the lure of the workhouse and the economies it promised was such that parishes could even resort to exporting their poor into such institutions beyond the parish bounds. Whitchurch for example resolved to make enquiries

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<sup>107</sup> MSS. D.D. Par. Pyrton e.4. Easter, 1794. PAR/105/2/A1/2, ff. 66-7. July 3, 1829. Despite these ambitions, Finmere lacked the capital to build a workhouse. Appeals to the Duke of Buckingham to rent suitable premises were unsuccessful, and the vestry finally resolved to borrow the required sum. Ibid., ff. 83, 106-7, 141-2. April 15, 1830; September 13, 1831; March 2, 1832.

<sup>108</sup> A. Crowther, 'Health Care and Poor Relief in Provincial England', in O.P. Grell, A. Cunningham and R. Jütte (eds), *Health Care and Poor Relief in 18<sup>th</sup> and 19<sup>th</sup> Century Northern Europe* (Aldershot: Ashgate, 2002), p. 209.

<sup>109</sup> MSS.D.D. Par. Henley St. Mary, c.2. October 1, 1822.



regarding the feasibility of placing paupers in the Tilehurst workhouse. Despite such overtures however, stringent and costly entry requirements – which included the condition that ‘in cases of sickness, medical advice [was] to be paid for by the Parish which the Pauper belongs’ – led Whitchurch to abandon this proposal.<sup>110</sup>

Despite the assertion by Thomas that recourse to the workhouse and allied schemes such as contracting and farming the poor invariably led to a diminution of care, it may be suggested that for Oxfordshire at least, such sentimental indicators are more problematic.<sup>111</sup> As an expedient to reduce relief expenditure, there were clear instances of a shifting of the burden of the sick poor onto third-parties contracted to the parish under such schemes. When Over Norton brokered an agreement to farm the poor at the workhouse for two years, duties cited in the lease included an obligation to provide ‘necessaries for lying in women if required likewise to be at the expense of Christenings, Burials, and sickness of all sorts (except the small Pox, broken bones, or what may be properly called a putrid Fever)’.<sup>112</sup> Eynsham similarly insisted that contractor Mr Rusher should still contribute to the maintenance of Richard James Senior who was ‘lying under the Misfortune of a Broken Thigh’.<sup>113</sup> Indeed, despite contracting out the management of the poor, Eynsham remained remarkably interventionist in respect of the medical needs of the sick poor, compelling contractor Richard Toner to ‘procure an apothecary to attend the Poor in the House’.<sup>114</sup> In such circumstances, the expedient of farming the poor clearly represented potential savings to the parish.

However, although the workhouse has become something of a pejorative word in the discourse of English welfare, it would be simplistic to state that confinement in these receptacles ever represented a wholesale rejection of a duty of care towards the sick poor. Indeed, in his submission to the Poor Law Commissioners, John Haines, a Guardian at Holywell-street, Oxford, remarked that:

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<sup>110</sup> PAR/286/2/A/1, pp. 60-1. April 28, 1806; May 16, 1806.

<sup>111</sup> Thomas, *The Parish Overseer*, pp. 199-200.

<sup>112</sup> PAR/64/5/L1/1, ‘Over Norton Workhouse Lease, 1780’. Hodgson was a victualler, which may have made the ‘farming’ contract more attractive.

<sup>113</sup> MSS.D.D. Par. Eynsham, b.15, ff. 19-20. August 13 and September 10, 1786. The expenses in the case were to be divided evenly between Rusher and the overseer. Rusher's successor John Harper was similarly compelled to underwrite the relief of John Leake's wife which, despite the contract, remained under the jurisdiction of the overseer. Ibid., f. 32. August 30, 1789.

<sup>114</sup> MSS.D.D. Par. Eynsham, e.1, f. 85. March 31, 1807.



There is too much indulgence under our present system to make the workhouse altogether an object of dislike, whereas, if a more rigid discipline were enforced, a prohibition from certain indulgences, *except to the aged and infirm*, strict separation, &c. effected, many of our present inmates would run away; at present they are much more comfortable than half the poor who work hard for their bread, and still possess pride enough to keep off the parish books.<sup>115</sup>

Despite the implication that the workhouse demanded to be made more austere, even critics such as Haines acknowledged that for the aged and infirm at least, the workhouse should not be a punitive institution. In many respects, Haines was erecting a straw man, for there is little evidence to suggest that the interests of the sick poor were being compromised by such attempts at parochial economy. Although subcontracting the management of the Workhouse, Bletchington exempted the Master from all the obligations that had been 'heretofore usually and customarily paid and discharged' by the parish, including 'all Expences and apothecaries Bills and the small-Pox'.<sup>116</sup> Despite the economies that were being sought by the parish, it is clear that the care of the sick poor was not to be conditional upon the profit margin that could be squeezed out of the management of the workhouse. Shipton under Wychwood likewise resolved that 'In cases of Small Pox and broken Bones the expences both of the Surgeon & Apothecary and paupers Mauntainance [were] to be paid by the Parish until discharged from the care of the Surgeon and Apothecary', despite the workhouse being managed under contract.<sup>117</sup> Vestries could also be demanding of the regimes that were enforced within the workhouse. The Banbury vestry for example were remarkably exacting in the demands they placed upon the Governor of the parish workhouse. Although the general poor were to be kept 'Clean from any filthiness', special attention was paid towards the treatment of the sick poor. As the contract stated, they were to 'carefully attended and supported with comfortable necessities during their incapacity', and those afflicted with the small pox 'carefully taken to the Pest House and every necessary Provided for them fitting for their situation'.<sup>118</sup> Similarly, the request of the Banbury workhouse Governor for permission to provide 'poor sick persons in the House a little Wine or Spirits' was

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<sup>115</sup> *Report from His Majesty's Commissioners, Appendix (C.), Communications* (1834), p. 549 c. My emphasis.

<sup>116</sup> PAR/36/5/A5/1, *Draft Memorandum of Agreement between Parish Officers & Thomas Smith, Certificate Man at Aynho, Northants re. Maintenance of the Poor of Bletchington in the Workhouse*, c.1800.

<sup>117</sup> PAR/236/05/PL1/1. July 1821.

<sup>118</sup> MSS.D.D. Par. Banbury, c.35, ff. 234-5. December 1780.



acceded to by the vestry.<sup>119</sup> In Dorchester, the articles which bound John Wallis similarly marked out the sick poor for particular care and attention, with the parish also resolving to ‘send in a woman to look after the sick at the Workhouse’.<sup>120</sup> Moreover, such concern was not mere rhetoric, with the Burford vestry even appointing a committee ‘for Superintending the Concerns of the Workhouse’, which was compelled to meet once a week.<sup>121</sup>

For the insane poor the picture was much the same, with parishes vying to reconcile ‘appropriate’ or ‘adequate’ levels of provision and funding. This is not to imply that parishes reneged on their duty of care to the insane, but rather that they often sought to finesse the required expenditure. The desire of the Newington vestry to extract a contribution from John Herbert totalling £5 17s. 0d. ‘towards keeping his Daughter Mary, at Miles & Co Lunatic house at Hoxton, near London for 39 Weeks’ – in addition to ‘four shillings a week towards the same’ to cover future care and expenses – indicates that parishes were not above compelling relatives to contribute to or underwrite the cost of institutionalising the insane poor.<sup>122</sup> The case of John Minchin of Bampton provides a further illustration of the strategies that parishes could employ in order to reduce overheads whilst ostensibly fulfilling their obligations. Having previously ordered that the payment for maintaining Minchin in a private asylum at Hoxton be ‘reduced to as low as possible’, the vestry nevertheless resolved that the most cost effective course was for Minchin to be removed ‘from his present confinement into Bethlem Hospital’.<sup>123</sup> Despite such manoeuvres, the parish still faced prosecution for non-payment of the ‘Expences of boarding care & clothing of John Minchin’ whilst at Hoxton, and directed an attorney to ‘compromise the said demand’.<sup>124</sup> Notwithstanding such intrigues however, it would be somewhat simplistic to conclude that the insane poor were perpetually at the mercy of capricious and parsimonious local officers. Although dogged by straightened finances during the 1820’s, Finmere nevertheless sanctioned a substantial outlay

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<sup>119</sup> MSS.D.D. Par. Banbury, c.36, f. 78. May 19, 1819.

<sup>120</sup> PAR/87/2/A1/1, ff. 53-4, 59. October 28, 1764; August 9, 1767.

<sup>121</sup> MSS.D.D. Par. Burford, e.3, f. 12. June 21, 1796.

<sup>122</sup> MSS.D.D. Par. Newington, b.1. April 19, 1813. That recipients of parish relief could be expected to contribute such sums towards the upkeep of relatives under the direction of the vestry may also indicate that the range of parishioners that the local Poor Law was willing to relieve may have cut across many social and economic thresholds within the parish. This raises the important question of how ‘poor’ one had to be before you could make a claim on the parish.

<sup>123</sup> PAR/16/2/A1/1, pp. 54-6

<sup>124</sup> *Ibid.*, p. 59.



amounting to over thirty pounds per-annum on the care of local lunatic Thomas Neale.<sup>125</sup> Moreover, the Harris family – resident in Isleworth though with a settlement in the Oxfordshire parish of Rotherfield Greys – are an exemplar of the sophisticated relief process at work, and the ‘generosity’ that could ensue for even the mentally distressed. With no fewer than fifty five fragmentary documents surviving for the period 1812-1830, it is possible to chart the impressive outlay that the officers at Rotherfield were willing to advance to the lunatic Anthony Harris and his despondent and dependent family, which included a substantial bond of £100 enabling him to be admitted to St. Luke’s asylum in 1812.<sup>126</sup>

Despite the lure of such relief experimentation however, one of the most direct ways in which parishes could control and reduce expenditure upon medical relief was through the adoption of medical contracts. We have already seen in Chapter Three that parishes sought to frame such contracts in ways which limited their exposure to unwelcome expenditure. However, although Digby has argued that the latter period of the Old Poor Law represented a move away from an earlier trend towards inclusive contracts, the evidence for Oxfordshire suggests that such clear cut chronological developments were not the case.<sup>127</sup> As the parishes of Eynsham and Warborough demonstrate, the adoption of ever tighter guidelines governing the practice of the medical contract was clearly part and parcel of attempts to drive down the financial burden that the sick poor placed upon the parish. Warborough articulated this new policy direction in unambiguous terms in 1823, with the contract worth sixteen pounds per-annum to be awarded ‘to any Medical Gentleman to attend the Poor of Warborough for one year including every case’<sup>128</sup>, an example that was echoed by Eynsham, whose vestry declared in 1834 that:

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<sup>125</sup> PAR/105/2/A1/2, f. 57. December 26, 1828. The decision to convey Thomas Neale to Hook Norton asylum at fifteen shillings per-week for an initial six week period, and twelve shillings per-week henceforward clearly indicates that the vestry were prepared to engage in costly relief expenditure for paupers at this time, despite the impact upon the rates. Total expenditure at these stated rates would have amounted to £32 2s. 0d. for first year and £31 4s. 0d. for each subsequent year.

<sup>126</sup> The material relating to the Harris family is located within the following references, although these largely consist of un-catalogued miscellaneous bundles of parochial correspondence. MSS.D.D.Par Rotherfield Greys, c.7; c.8; c.11; c.12. Refer to Appendix 2 for a summary of the Harris family’s relief.

<sup>127</sup> A. Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge: Cambridge University Press, 2002), p. 227.

<sup>128</sup> MSS.D.D. Par. Warborough, e.1, f. 79.



...Mr Wright should supply Medical & Surgical attendance the distance of three miles to the sick poor of Ensham Parish, including Medicines, Small Pox, Malig-nant Fevers, Fractures; etc etc the ensuing half year for the sum of Eighteen guineas also including vaccination <sup>129</sup>

Banbury was to adopt a similarly defensive posture in their desire to stem the tide of medical relief expenditure, stipulating that Messrs Chapman and Brayne were to be held responsible for 'all cases of natural small Pox all difficult cases in Midwifery broken Bones & accidents of every description in Surgery', and that they 'do also agree to attend every Pauper belonging to the said Parish residing within the distance of four Miles...for the sum of Thirty Pounds to be Paid Quarterly'.<sup>130</sup> The imposition of such geographical limitations regarding responsibility for and treatment of the sick poor into medical contracts represented an additional facet of contractual relationships which became increasingly nuanced and caveat bound as the Old Poor Law waned. Henley St. Mary for example contracted William Young for the year ending 1815 to treat the poor within seven miles of Henley at a cost of sixty pounds, and insisted that he kept the vestry informed of any work he was undertaking on the parish account.<sup>131</sup>

Moreover, although Digby states that doctors 'became skilful at inserting a growing range of exclusions in their contracts as they gained a market advantage', as 'experience taught them that midwifery, inoculation or vaccination, treating accidents or performing the more difficult surgical procedures (usually fractures and dislocations) were very time consuming and might be charged for separately', it is clear that in Oxfordshire at least, parishes retained a degree of control over what was included and excluded in medical contracts.<sup>132</sup> The drafting of contracts consequently took on an increasingly complex and binding character over the period, and although the old exceptions such as midwifery and small pox treatment that had always

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<sup>129</sup> MSS.D.D. Par. Eynsham, e.1, f. 145. The value of this annual all-inclusive contract was £37 16s. 0d.

<sup>130</sup> MSS.D.D. Par. Banbury, c.36, f. 5. April 24, 1810.

<sup>131</sup> MSS.D.D. Par. Henley St. Mary, c.1. As Williams has argued, the inclusion of distance qualifications into medical contracts benefited both practitioner and parish, cutting down on time spent travelling and enabling the 'practitioner to visit sick paupers promptly'. S. Williams, 'Practitioners' Income and Provision for the Poor: Parish Doctors in the Late Eighteenth and Early Nineteenth Centuries', *Social History of Medicine*, 18 (2005), 159-186, esp. p. 170. Loudon clearly illustrates the additional expenditure which could be generated as a consequence of travelling expenses which would have to be met by the Poor Law. Refer to Loudon, 'The Nature of Provincial Medical Practice in Eighteenth-Century England', *Medical History* 29 (1985), 1-32, esp. Table 8, pp. 22-3.

<sup>132</sup> Digby, *Making a Medical Living*, pp. 226-7. For contractual exemptions, see also Williams, 'Practitioners' Income', esp. pp. 179.



predominated were not cast wholesale to the wind, they did become rather more exceptional additions to contracts that increasingly tied doctors into ever more regulated and quantifiable medical delivery arrangements. Situated on the county boundary, Dorchester for example appeared to be particularly concerned by the potential expense due to the passage of the non-settled poor through the parish. In drawing up the medical contract for the year ending 1823 therefore, the vestry sought to 'cover all bases' by stressing that the twenty five pounds stipend bound Dr Timothy Bowling to '...attend the poor of the Parish, in all cases of Medicine, surgery, Difficult Midwifery, and small pox, with any thing which may occur, or happen in any way, by people falling ill on the Road one year in this parish. From 25 March last'.<sup>133</sup>

The desire to curtail what could be perceived as 'extravagant' expenditure also meant that in addition to codifying and sanctioning types of treatment covered by contracts however, parishes would also endeavour to specify precisely who was covered within the remit of such contracts. As noted, historians such as King have long recognised that poor relief *per se* was never merely a question of application and approval, and this 'process' of relief was employed by the parish in order to frame and articulate the very notion of 'entitlement' that underpinned the operation of the Poor Law itself.<sup>134</sup> The shifting of the centre of gravity regarding parochial responsibility for the sick poor from the pro-active to the re-active end of the care spectrum meant that the sick poor had to endeavour to establish their 'legitimacy' in ever more pressing ways until the advent of the New Poor Law took this subservience to ever greater heights. Whereas Thane has argued that local relief administrations actively sought out the poor, impotent and lame, it was not uncommon for the onus to be placed upon the shoulders of individual paupers, who had to seek out assistance and establish their 'eligibility' or 'right' to relief.<sup>135</sup> When Robert Wearing was granted 'temporary relief' by the Enstone vestry on account of a 'substance on his back' therefore, the settlement was dependant upon both an initial application by the pauper, and an inspection by the parish doctor.<sup>136</sup>

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<sup>133</sup> PAR/87/2/A1/4, f. 10.

<sup>134</sup> The issue of 'entitlement' will be discussed in greater depth in the following chapter.

<sup>135</sup> Thane has conversely argued that the Poor Law actively sought out the poor of the parish. Refer to Thane, *Old Age in English History*, p. 114.

<sup>136</sup> PAR/97/2/A1/1, f. 33. December 31, 1824. Wearing was subsequently awarded eight shillings per-week during his illness. Ibid., January 14, 1825.



Of course, the strategy of informing the vestry of ailments was not confined to the final decades of the Old Poor Law – as pauper letters confirm – but it is argued here that in the period of the late eighteenth and early nineteenth centuries a subtle reorientation of the obligations regarding relief from the parish to the sick poor occurred, and that this was in all probability allied with the general economic and philosophical climate in which the parochial Poor Law had to operate during this period.<sup>137</sup> For the sick poor, this meant being confronted with an increasingly parsimonious, questioning, and perhaps even hostile local welfare authority whenever they sought to make a claim on the parish. When Widow Beisley requested a weekly allowance on account of illness therefore, Warborough considered it expedient to grant a single payment of six shillings instead.<sup>138</sup> If reluctant to grant cash, parishes could always provide relief in kind, so when James Wells and James Briant applied for ‘something to comfort’ their ill wife and family, the Whitchurch vestry ‘Granted 3<sup>lbs</sup> of Mutton’ in both cases.<sup>139</sup> Moreover, if the prevailing sentimental impulse would not even countenance isolated relief settlements such as these, parishes could indulge in more parsimonious practices.<sup>140</sup> When Mary Hunt applied to the Warborough vestry due to illness therefore, officers agreed to merely ‘lend her 5<sup>s</sup> untill further consideration’.<sup>141</sup> Financial expedients such as this were similarly evident during the treatment of John Costar of Dorchester. Although the vestry allowed fifteen shillings to Mary Costar ‘for attendance on her Brother 5 weeks in the Harvest’,<sup>142</sup> the parish nevertheless recouped two guineas from George Costar ‘toward defraying the Expences of J<sup>n</sup> Costar incur’d on the parish in his illness’.<sup>143</sup> Despite ordering all ‘reasonable Relief’ to be given to the small pox afflicted Prickett Family, Eynsham likewise stipulated that the costs would be recouped from the ‘Property & Estate of the s<sup>d</sup> J. Prickett’.<sup>144</sup>

The inclination to underwrite aspects of medical relief on condition that the outlay would ultimately be clawed back from other sources was not uncommon.

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<sup>137</sup> See for example Horne, *Property Rights*; R. Cowherd, *Political Economists and the English Poor Laws. A Historical Study of the Influence of Classical Economics on the Formation of Social Welfare Policy* (Athens: Ohio University Press, 1977).

<sup>138</sup> MSS.D.D. Par. Warborough, e.3, f. 23. January 29, 1823.

<sup>139</sup> PAR/287/2/A/1, p. 17. March 18, 1803.

<sup>140</sup> MSS.D.D. Par. Warborough, e.3, f. 39. December 3, 1823.

<sup>141</sup> *Ibid.*

<sup>142</sup> PAR/87/2/A1/2, f. 7. September 23, 1798.

<sup>143</sup> *Ibid.*, f. 9. January 7, 1799.

<sup>144</sup> MSS.D.D. Par. Eynsham, b.15, f. 29. May 10, 1789.



Funeral expenses were particularly prone to these manoeuvres, with Finmere advancing a pound 'towards the burel of G<sup>eo</sup> Hart' on condition that 'his son in law agreed to pay it in again at one shilling p<sup>r</sup> week after harvest.'<sup>145</sup> The part sequestration by Warborough of Amy Humphries' goods in order to meet the expenses of her fathers' funeral similarly indicates the lengths parish officers were willing to go to in order to impose a ceiling upon some medical relief settlements.<sup>146</sup> Of course, such decisions do not represent direct refusals of relief, and may indicate that the sick poor were at least considered 'deserving' of some form of relief within the parish – even if the outcome was not as they would have ideally envisioned. For example, although Standlake refused the application of Thomas Townsend 'to have assistance from a Water Doctor' for his wife, the vestry still granted an allowance of twelve shillings per week for the ailing pauper.<sup>147</sup> The impression that emerges however is that such strategies were increasingly central to more general attempts to trim expenditure, and that the sick poor increasingly came within the cross-hairs of reforms which promised 'painless' savings to hard-pressed ratepayers.

Controlling access to and levels of relief was therefore one of the most practicable developments in welfare policy that could be implemented by the parish. Medical contracts and the conditions written into them also provided an ideal opportunity for zealous parish officers to reign in the perceived excesses of welfare expenditure. Eliminating the autonomy of the doctor to practise as he considered fit, and in particular restricting pauper access to the doctor beyond the direction and control of the vestry was therefore not uncommon in Oxfordshire. The clear instruction contained within the contract between Henry Shelswell and Shutford that 'Medicine to be allowed only to those persons who have a Note from the Overseers' provides a clear indication of the intent to ration relief.<sup>148</sup> The decision of the Culham vestry to deduct fourteen shillings from the bill presented by parish doctor John Guinle on account of the unauthorised treatment of a domestic servant similarly implies that such expenditure represented an unwelcome incursion into the financial

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<sup>145</sup> PAR/105/2/A1/1, f. 94. July 16, 1823.

<sup>146</sup> MSS.D.D. Par. Warborough, e.3, f. 84. March 8, 1826. Although the chattels of the Humphries family were used to offset their funeral expenses, the parish still determined to underwrite Amy's rent, 'reserve part of the Goods for her own use', and grant her a weekly allowance of three shillings. MSS.D.D. Par. Warborough e.3, f. 84. March 8, 1826.

<sup>147</sup> PAR/248/2/A1/1, f. 4. November 26, 1819.

<sup>148</sup> MSS.D.D. Par. Shutford, b.8, f. ii. March 27, 1829. The value of this contract was only £4 14s. 6d. per-annum, which represented a remarkably low level of remuneration for contracts of this period.



responsibilities of private individuals.<sup>149</sup> Paupers could find themselves subject to similar sanctions from the parish, with Widow Smith's application for eight shillings 'for nursing John Ayres's Wife, two weeks in her lying in' deemed 'not proper to be paid; the Parish not being asked by J Ayres for the woman's attendance'.<sup>150</sup> Widow Rogers suffered a similar fate, with her 'Reward for nursing her Daughter-in-Law in her lying in, Refused – the Parish not having employed her.'<sup>151</sup>

The desire to pare down expenditure that had led many parishes to adopt various methods of indoor relief – in particular the workhouse – also meant that parochial economy drives could be moulded into more complex arrangements that placed the parish doctor at the heart of medical delivery across a wide spectrum of welfare alternatives. Although exempted the expense of midwifery and inoculation in his contract with the parish of Henley St. Mary, James Brookes nevertheless found himself bound to attend the workhouse sick and non-settled poor, with potential deductions from his annual stipend of forty two pounds for non-attendance. This disparate range of medical obligations for a relatively large town such as Henley was nevertheless still subject to tight control by the vestry who, like their counterparts in Shutford, insisted that all treatment had to be authorised by parish officials.<sup>152</sup> Such targeted innovations were increasingly evident as the Old Poor Law drew to a close. Moreover, as an ultimate sanction, the vestry were even prepared to exclude entire classes of individuals from the protection of the Poor Law, even in times of sickness, as the following extract from Spelbury highlights:

Ordered\_\_\_ That Mr Williams the Surgeon do not attend the sick persons of the Parish who are tradesmen, on the Parish account, they being considered capable of defraying the expence of a medical attendant themselves\_\_\_\_\_<sup>153</sup>

Despite sickness being one of the great social levellers – a point recognised even by architects of Poor Law reform such as Sir George Nicholls – the decision of the Spelbury vestry to consider as a point of principle that an entire 'class' of people were all possessed of sufficient independent wealth to tide them over during times of sickness is significant as it again points to both a reorientation and retrenchment of

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<sup>149</sup> MSS.D.D.Par. Culham, d.1. October 13, 1813.

<sup>150</sup> PAR/287/2/A/1, p. 27. July 1, 1803. When Widow Smith was herself ill, the vestry agreed to underwrite her rent of £1 16s. 0d. Ibid., p. 36. January 13, 1804.

<sup>151</sup> PAR/287/2/A/1, p. 30. September 9, 1803.

<sup>152</sup> MSS.D.D. Par. Henley St. Mary, c.1. April 10, 1820.

<sup>153</sup> PAR/246/2/A1/1. November 15, 1824.



relief policy within Oxfordshire.<sup>154</sup> Such attempts to control the delivery of medical relief are suggestive of a tendency to pre-emptively adopt the rhetoric of the 1834 Amendment Act, with clear distinctions being made as to who was deserving of parochial largesse and who was not.

## Conclusion

At the outset of this chapter, it was suggested that although sentiment was one of the primary shapers of welfare policy during the tenure of the Old Poor Law, it remained a relatively marginal aspect of English welfare history. Due to the configuration of the 1601 Act, and the 'privileging' of the impotent poor, it was also suggested that the study of the medical relief of the sick poor could provide valuable insights into the construction and operation of sentiment during the Old Poor Law. Given the self-imposed terms of reference of this study, it would of course be somewhat disingenuous to state that an examination of medical relief within Oxfordshire represents a key to unlock the vexed issue of sentiment. Despite this proviso however, it has been argued that the relief of the sick poor does allow some conclusions to be drawn in respect of sentiment as an organising principle of parochial welfare.

One of the primary reasons for this is that although the Poor Law was established in statute, the application of the law remained rooted within the administrative unit of the parish. Indeed, as King has remarked, despite the spiraling volume of appendages to the 1601 Act, it is imperative to recognise that much of this was mere 'enabling' legislation whose take up was patchy, inconsistent, and easily abandoned according to local circumstance and whim.<sup>155</sup> We have seen that in the

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<sup>154</sup> G. Nicholls, *A History of the English Poor Law In Connection with the State of the Country and the Condition of the People*, Vol. 2 (London: P. S. King and Son, 1904), p. 319. This tension surrounding who should fall within the remit of parochial medical relief was marked during the Old Poor Law. In his deposition to the 1834 Report, the Rev. Peyton Blakiston, Curate of Lymington, remarked that 'The distinguishing line between those who shall be attended by the parish surgeon, and those who are to be too well off to require it, is very vaguely defined, and is the constant source of discord between the parish officer and the surgeon.' *Report from His Majesty's Commissioners, Appendix (C.), Communications No. 1* (1834), Rev. P. Blakiston, 'Report on the Administration and Effects of the Poor Laws, more particularly in the County of Hants', p. 3 c.

<sup>155</sup> King, *Poverty and Welfare*, p. 38. Contemporaries such as Bicheno remarked that the instinctive impulse when seeking solutions was to enact more laws, and called for the simplification of the 'entangled web of Statute Law, which our forfathers made on the emergencies pressing upon them'. Bicheno, *An Inquiry into the Poor Laws*, pp. xiv, 1-2. On this legalistic 'clutter' see also *A Bill to*



case of settlement in particular, despite the guarded optimism of Slack, the primary record indicates that within individual parishes, recourse to the law singularly failed to offer either 'real bounds' or certainty when it came to dealing with the relief needs of the poor in general, and the sick poor in particular.<sup>156</sup> In this respect, settlement was in reality a somewhat elastic legal appendage that could be utilised by parishes as and when the appropriate circumstances availed themselves. Consequently, although settlement may well be, as King asserts, a 'red herring', it was this very piecemeal application of the law that allowed the sick poor in particular to benefit, irrespective of the prevailing sentimental winds that happened to be abroad at any particular time.<sup>157</sup> Indeed, despite the preponderance of metropolitan critiques of the poor and their relief from the late eighteenth century, the archival record would appear to confirm Oxley's assertion that such polemics never attained real and lasting purchase within Oxfordshire parishes at least.<sup>158</sup> Although parishes may have sought to attain a reformation of manners among the poor therefore, it is argued that such endeavours must be viewed with a degree of circumspection, with even the imperative to labour amounting on occasion to little more than a gesture which reconciled the competing demands of the relief equation within the spirit of the prevailing sentimental current.

Despite these observations, it is clear that the pursuit of economy was often forefront in the policy manoeuvres of local ruling elites. However, even when occasional self-justifying nods to natural-law philosophy were evident within parishes, financial prudence was rarely the *sole* architect of relief policy. Clearly, the need for individual parishes to cut their welfare cloth according to the local poverty landscape resulted in a fractured sentimental terrain that had to be navigated by both parish and pauper. This naturally gave rise to a panoply of local expediencies that sought to define and refine 'entitlement', within the prevailing sentimental paradigm. The workhouse was one example of such plurality within relief policy, and moreover one which has been seen as a benchmark of prevailing sentiment. The passing of Gilbert's Act for example represented – at least in intent – a movement away from more austere indoor relief, and recast the workhouse as a 'a source of care, not

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*Repeal an Act of the Eleventh Year of His Late Majesty King George the Third, "For Regulating the Poor Within the City of Oxford"; and to Make other Provisions in Lieu thereof* (Oxford: 1827), p. x.

<sup>156</sup> Slack, *Poverty and Policy*, p. 194.

<sup>157</sup> King, *Poverty and Welfare*, p. 23.

<sup>158</sup> Oxley, *Poor Relief*, p. 92.



deterrence'.<sup>159</sup> One consequence of this, argues Oxley, was that even workhouses came to resemble little more than 'hospitals, boarding houses and old people's homes', rather than factories where the able bodied poor were put to work.<sup>160</sup> Whilst these perspectives undoubtedly have merit, it is nevertheless problematic to draw clear demarcations in sentiment from what were essentially peripheral relief alternatives within the wider architecture of the Poor Law. This reality is brought into sharp relief when one considers that by 1834, only 924 out of 15,535 parishes were incorporated into 'Gilbert Unions', and the workhouse itself remained atypical as a mechanism of relief administration within Oxfordshire parishes throughout the tenure of the Old Poor Law.<sup>161</sup>

The insane poor were likewise subject to innovations in the mechanism of relief delivery, with parishes increasingly utilising the expansion of institutional provision during the period, at the expense of more rooted parochial arrangements. Due to the potential drain on local resources that such policy shifts represented however, it is also apparent that the desire to 'trim' expenditure was often at the forefront of the multi-layered responses to the insane which emerged, with parishes employing the age old strategy of delayed and contested payments, as well as exploiting the opportunities which the expanding 'trade in lunacy' offered.<sup>162</sup> Irrespective of these localised fiscal strategies however, there is little evidence to suggest that the 'mad' were also considered to be 'bad and dangerous to know', as generous relief settlements testify. The particularity and humanity of the individual relief settlement should not blind one to broader sentimental trends apparent across Oxfordshire however. Medical relief in particular was increasingly bound by formal contracts during the final decades of the Old Poor Law, which sought to impose ceilings upon expenditure and regulate relief itself. The ever-more restrictive terms

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<sup>159</sup> King, *Poverty and Welfare*, p. 25; R. G. Cowherd, 'The Humanitarian Reform of the English Poor Laws from 1782-1815', *Proceedings of the American Philosophical Society*, 104 (1960), 331; Oxley, *Poor Relief*, p. 92. For a more critical interpretation of the legislative intent, see O. P. Grell and A. Cunningham, 'Health Care and Poor Relief in 18th and 19th Century Europe', in O. P. Grell, A. Cunningham and R. Jütte (eds), *Health Care and Poor Relief in 18th and 19th Century Europe* (Aldershot: Ashgate, 2002). (Aldershot: Ashgate, 2002), p. 13.

<sup>160</sup> Oxley, *Poor Relief*, p. 92.

<sup>161</sup> King, *Poverty and Welfare*, p. 25; *Report from His Majesty's Commissioners*, Appendix (A.), Reports of Assistant Commissioners, Part I, p. 2 a.

<sup>162</sup> J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001), p. 101. See also H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge: Cambridge University Press, 1987), p. 64. Marland states that by 1835, 65 percent of total medical relief expenditure of £358 within the Wakefield Township was being consumed by asylum fees.



which characterised these contracts, allied with attempts to restrict access to medical relief itself, suggests that even the sick were increasingly subject to the hardening of attitudes towards poverty and the poor which emerged during the period. It is important however to recognise that although the archetypal relationship between the parish and practitioner was one that was forged within the idealism of the ratepayer, it was by necessity often cooled and tempered by the realities of meeting the needs of the sick poor. Viewed in such a light, the desire of the Pyrton vestry to appoint a doctor who was '...a Person as we think very skilful in his Profession, Humane in his Disposition, and very moderate in his Bills', is both absurd in its pretensions and yet remarkably insightful as to the organising principles of parochial medical relief during the Old Poor Law.<sup>163</sup> Although sentiment was undoubtedly influenced and shaped by economic considerations therefore, it is doubtful whether the loose paternal obligations that were contained within the Act of 1601 were ever substantively supplanted by the desire to shave a penny off the rate, and in such an environment, it is entirely explicable that the penny-pinching could co-exist with the grand-gesture, particularly in respect of medical relief.

The extent to which medical relief came to assume an innate 'legitimacy' within the parochial architecture of relief is of course open to conjecture. As this chapter has illustrated, medical relief itself was never a 'constant' within the sentimental landscape of Oxfordshire, and in many respects it was bound by the same sentimental currents which governed relief in its wider sense. Notwithstanding these general observations however, it may be suggested that sickness could nevertheless 'weight' the relief process in favour of applicants. Irrespective of the difficulties inherent in reconstructing the sentimental landscape, it is possible to extrapolate from the 'silences' within the archival record, which indicate that the claims of the sick poor were to some extent 'privileged' within the parochial relief process. When entries in vestry minutes are cross-referenced with expenditure recorded in the overseer's accounts, the relationship between referrals to vestry and the disbursing of medical relief are cursory in the extreme. Indeed, of the 18,715 separate disbursements to the sick poor which form the data-sets, less than one percent of these relief settlements were ever discussed and recorded in vestry minutes. Of course, this does not mean that the vestry was either impotent to affect

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<sup>163</sup> MSS.D.D. Par. Pyrton, e.4, f. 7. April 25, 1779.



relief or that they did not ‘discuss’ questions relating to local relief policy and act accordingly – but it may be inferred that this overwhelming ‘silence’ may point to wider forces at play within the parish in respect of medical relief. The impression which emerges is that the relief of the sick poor remained one of the more legitimate constituent parts within the canon of parochial relief as the Old Poor Law entered its final decades. This does not imply that parishes did not indulge in periodic relief experimentation; impose moral conditioners; or attempt to curtail relief expenditure more generally – but rather that although never a mere case of application and approval, sickness did increasingly confer a degree of ‘legitimacy’ upon the claimant, however that may have been constructed and construed within particular parishes at any given time and place.

Clearly, the competing claims of the sick poor and the local tax base were necessarily buffeted by the wider moral and financial impulses that sought to shape sentiment within the jurisdiction of the parish and the wider polity. The battle between natural law reformers and humanitarians concerning the very legitimacy of relief inevitably drew the poor and the arbiters of relief into the cross-hairs of their campaigns. As Raymond Cowherd acknowledges, both groups undoubtedly indulged in ‘exaggerated’ claims ‘in their eagerness to justify their particular reforms’, but we have seen that there were nevertheless grains of truth locked away within much of the rhetoric that spilled forth.<sup>164</sup> This apparent inconsistency may be reconciled with the need of parochial relief to be cognisant of wider forces abroad within agrarian society, and the role that the Poor Law needed to play in dissipating social tensions within communities.<sup>165</sup> Keeping the peace was therefore central to the administration of social welfare, and ensuring that the medical needs of the sick poor were attended to formed an essential component of this exercise of ‘social expediency’.<sup>166</sup> Indeed, such considerations may in part explain why individual parishes often appeared to adopt policies that went against the grain in terms of current sentimental trends.<sup>167</sup> Given these observations, the operation of relief never entirely functioned within an immutable framework, whereby both the reliever and the recipient were mere passive actors taking on their assigned roles within a preordained sentimental landscape. As

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<sup>164</sup> Cowherd, ‘The Humanitarian Reform’, p. 342.

<sup>165</sup> King, *Poverty and Welfare*, pp. 31-2.

<sup>166</sup> See for example Hampson, *The Treatment of Poverty*, p. 225; M.van Leeuwen, ‘Histories of Risk and Welfare in Europe during the 18<sup>th</sup> and 19<sup>th</sup> Centuries’, in Grell *et al*, *Health Care and Poor Relief*, p. 33. See also his ‘general model of poor relief’, Figure 3.1, p. 35.

<sup>167</sup> Hampson, *The Treatment of Poverty*, p. 266.



King has argued, 'custom, politics, personalities and ideologies wove their way through all levels of the negotiation process to generate a complex patchwork of local outcomes', and as such it is entirely explicable that there was no prevailing homogenous sentiment paradigm that cast its shadow across the multitude of parochial jurisdictions.<sup>168</sup> In this respect, it may be suggested that not only is it difficult to trace sentiment like a tributary through different poverty landscapes to some common demarcated source, but that it also questionable whether such an approach would represent any real insight into the operation of sentiment within the particularity of the parish. As noted in the introduction, sentiment must be viewed as being rooted within particular parishes and regions, shaped by time, space and the paths of least resistance. The clamorous poor may well have unnerved William Holland, but as this chapter illustrates, these encounters were largely governed by unwritten yet widely understood rules of engagement. Such 'flexibility' undoubtedly served the parish during the straightened final decades of the Old Poor Law, and as the following chapter will explore, it also presented the sick poor with opportunities to navigate the relief process within parishes.

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<sup>168</sup> King, *Poverty and Welfare*, p. 104. See also Wrightson, *Earthly Necessities*, p. 220.



## **Chapter 5**

### **Navigating the Poor Law**

In a country where the majority is ill-clothed, ill-housed, ill-fed, who thinks of giving clean clothes, healthy foods, comfortable quarters to the poor? The majority of the English, having all these things, regard their absence as a frightful misfortune; society believes itself bound to come to the aid of those who lack them, and cures evils which are not even recognised elsewhere. In England, the average standard of living man can hope for in the course of his life is higher than in any other country of the world. This greatly facilitates the extension of pauperism in that kingdom.<sup>1</sup>

The visit to England by Alexis de Tocqueville in 1833 which gave rise to the above remark, illustrates one of the central dilemmas that lay at the heart of the operation of the Old Poor Law – namely that of entitlement. As Paul Slack has remarked, the rise in the ‘expectations’ of both the pauper and the parish that was ‘duty bound to relieve them’ perfectly chimed with the paradox that was at the heart of de Tocqueville’s somewhat acid remark. Did the recognition and subsequent intent to alleviate poverty promote and perpetuate the very social evil that informed social reform in the first place? For historians such as Slack, the codification of the English Poor Laws in the late seventeenth and early eighteenth centuries represented a wholesale, though nuanced shift in the public perceptions of and response to poverty, with a rise in expectations the root cause for expansions in relief expenditure.<sup>2</sup> The increasing recognition of relative poverty over the period by both the relieved and relievers led to some English arcadia whereby ‘the comfortably off recognised new needs among the lower orders and had the wealth and moral inclination to try to meet them’.<sup>3</sup> This flowering of English paternalism was made possible by the Poor Law itself, which once established, ensured that both the poor and the philanthropist ‘came to view the obligation to provide for changing wants as a moral principle, and to accept that poor relief was an entitlement’.<sup>4</sup> The issue of expectation borne of ‘entitlement’ as alluded to by de Tocqueville, and subsequently reiterated by historians, was therefore central to the administration of welfare in the English past. Despite these observations, as

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<sup>1</sup> S. Drescher (ed.), *Tocqueville and Beaumont on Social Reform* (New York: Harper and Row, 1968), p. 10.

<sup>2</sup> P. Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988), p. 5.

<sup>3</sup> *Ibid.*, pp. 5-6.

<sup>4</sup> *Ibid.* This view is echoed by Hollen-Lees, who characterises the period 1700-1834 in particular as ‘Residualism Taken for Granted’. L. Hollen-Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1949* (Cambridge: Cambridge University Press, 1998), esp. pp. 19-111.



noted in chapter four, relief was, by necessity, governed by wider notions of exclusion. Although demarcations in relief must always therefore come to the fore, ascertaining exactly where the line was drawn in the sand, and why, is of course a vexed question. The often difficult and delicate balancing act that parish officers had to perform in order to best reconcile the often conflicting interests of the parish poor and ratepayers has been documented by many historians of English welfare, but how ‘entitlement’ was constructed both within the cosmology of the parish and the minds of the poor remains largely peripheral to these surveys.<sup>5</sup> This chapter will therefore present an account of this central component of the demand side of welfare within the Oxfordshire context, and begin to unpick how ‘entitlement’ for the sick poor was constructed and perceived by paupers and parishes in the period circa 1750-1834.

In particular, this chapter will engage with the central dilemma that faced the sick poor during this period: namely how they sought to navigate the relief process in order to garner relief from the parish. For such an endeavour, this chapter will seek to draw upon a broad evidential base which best conveys the ‘voices’ and ‘strategies’ of the sick poor. The overseers ledgers which have hitherto formed the backbone of much research into the operation of the Poor Law will therefore be somewhat peripheral to this account, for as recent scholarship on English welfare has indicated, there is much additional and original source material that can be utilised for this purpose.<sup>6</sup> Vestry minutes and parochial correspondence for example have real potential to provide insights into the ‘process’ of relief, and the work of Thomas Sokoll has similarly highlighted the value of the pauper letter in shedding new and important light upon the strategies that the poor employed in order to secure relief from the parish.<sup>7</sup> The following therefore seeks to expand upon this innovative

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<sup>5</sup> See for example the survey by Hollen-Lees, *The Solidarities of Strangers*. Also, G. Oxley, *Poor Relief in England and Wales, 1601-1834* (London: David and Charles, 1974); A. Brundage, *The English Poor Laws, 1700-1930* (London: Palgrave, 2002); D. Fraser, *The Evolution of the British Welfare State* (Basingstoke: Macmillan, 1976); B. Harris, *The Origins of the British Welfare State, Social Welfare in England and Wales, 1800-1945* (London: Palgrave, 2004).

<sup>6</sup> The classic account of the English Old Poor Law remains that compiled by the Webbs, which is an exemplary example of the historical tendency to focus upon the administrative minutia of English welfare, although more recently, scholars such as Joan Lane have similarly stressed the utility of overseers ledgers in particular. Refer to S. and B. Webb, *English Poor Law History, Part I: The Old Poor Law* (London: Frank Cass, 1963), and J. Lane, *A Social History of Medicine. Health, Healing and Disease in England, 1750-1950* (London: Routledge, 2001).

<sup>7</sup> See for example T. Sokoll (ed.), *Essex Pauper Letters, 1731-1837* (Oxford: Oxford University Press, 2001); T. Sokoll, ‘Negotiating a Living: Essex Pauper Letters from London, 1800-1834’, in L. Fontaine and J. Schlumbohm (eds), *Household Strategies for Survival 1600-2000: Fission, Faction and Cooperation* (Cambridge: Cambridge University Press, 2000), pp. 19-46; J. S. Taylor, *Poverty, Migration, and Settlement in the Industrial Revolution: Sojourners’ Narratives* (California: Palo Alto,



research agenda which has been signposted by historians, and reconstruct the strategies and motivations that were harnessed and marshalled by the sick poor in their quest for relief.

### Structures of Power

It was suggested in the preceding chapter that although sentiment across Oxfordshire did not exist within an immutable framework, it was nevertheless conditioned by particular local poverty landscapes. It is almost a truism to acknowledge that entitlement was likewise forged by these very same forces. In order for the sick poor to press their claims therefore, they needed some conception of the rules of engagement that existed within particular parishes. These rules must be seen as a product of the prevailing structures of power that existed within parishes over time and space, which concretised notions of 'deservingness', and in turn opened up legitimate 'entry points' into the parochial welfare system. Of primary importance within such a relief paradigm therefore is the somewhat vexed question of 'agency' within communities: namely how this was configured and impacted upon the relief of the poor generally and the sick poor in particular. Rather like attempts to reconstruct sentiment, the process of understanding how social relations in respect of welfare policy were configured during the Old Poor Law has to some extent been little more than an exercise in transposing the macro level upon the parish. It is therefore possible to discern within the historiography three broad models which seek to explain the processes and ideological impulses that underpinned the governance of England in particular – and as a corollary how they mediated entitlement within the parish. For purposes of clarity, these models may be broadly characterised as 'stratagem', 'supplication', and 'schism', and central to the following exposition is the impact that these competing relief paradigms had upon the sick poor and their ability to navigate the relief process within the parish.

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1989); J. S. Taylor, 'Voices in the Crowd: The Kirkby Lonsdale Township Letters, 1809-36', in T. Hitchcock, P. King and P. Sharpe (eds), *Chronicling Poverty. The Voices and Strategies of the English Poor, 1640-1840* (Basingstoke: Macmillan, 1997), pp. 109-126; S. A. King, '"Stop This Overwhelming Torment of Destiny": Negotiating Financial Aid at Times of Sickness under the English Old Poor Law, 1800-1840', *Bulletin of the History of Medicine*, 79 (2005), 228-260.



## Stratagem

At the heart of the stratagem model lies the assertion that the poor were in part architects of their own relief settlements. Key to this historical viewpoint is the ability of the poor to ‘triangulate’ between separate centres of power and authority within the parochial relief matrix, with the deliberate intention of playing one centre off against another. The local administrative and legal framework within which the Poor Law had to operate, and the chains of command and accountability which bound them together presented the poor with both multiple entry points to the communal relief system and multiple opportunities of redress should their requests prove unsuccessful. This model therefore ascribes a significant degree of agency to the poor, and rests upon an assumption that they themselves were conscious of the language of ‘rights’ – however they may have been defined and articulated – and that these considerations were informed by a dense knowledge-web related to relief policies.

Such reasoning lies at the heart of the work of Peter King in particular, with its strong emphasis on the poor as agents of their own fate, displaying a complex understanding of the locally enacted ‘system of welfare’ and exploiting this knowledge and experience to articulate claims for relief. The Assistant Commissioner for Oxfordshire, D. O. P. Okeden Esquire, would certainly have agreed with this perspective, noting with disdain in his submission to the 1834 Poor Law Report that ‘the poor regard its allowance as a right, and it is called sometimes “the county allowance,” sometimes “the Government allowance,” sometimes “the Act of Parliament allowance,” and always “*our income*.”’<sup>8</sup> Despite the prejudices which may have coloured such reflections of Oxfordshire relief policy, it may be suggested that there was more than a grain of truth in such claims. For Thomas Sokoll and Steven King, the articulation of sickness in particular was fundamental to establishing deservingness and entitlement – an understanding moreover that was echoed by the poor themselves.<sup>9</sup> The letter written by Michael Parker to his sick

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<sup>8</sup> *Report from His Majesty’s Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (A.), Reports of Assistant Commissioners, Part I* (1834), p. 2 a. Original emphasis.

<sup>9</sup> The literature which seeks to explore the ‘voices’ of the poor has expanded significantly over the past decade. See for example the edited volumes A. Gestrich, S. A. King and L. Raphael (eds), *Being Poor in Modern Europe. Historical Perspectives 1800-1940* (Oxford: Peter Lang, 2006); Hitchcock *et al*, *Chronicling Poverty*; Sokoll, *Essex Pauper Letters*.



nephew is one such example, stating in unambiguous terms that he ought to ‘Pley to...souldern Parish for Reliff for you all’.<sup>10</sup> The pre-emptive ‘employment’ of a nurse by John Fortham to tend his ailing wife who was ‘in no ways likely to do for her self’, without the prior sanction of the parish, similarly indicates that the provision of medical relief was tantamount to a customary expectation.<sup>11</sup> This was certainly the case for William Plaister, who when informing the Witney vestry that he had taken it upon himself to attend to the small pox afflicted John Prestage, stated that he had ‘not doubting of your paying all necessary expenses’.<sup>12</sup>

If there was an expectation that the parish owed a duty of care to the sick poor, failing to fulfil such obligations could result in the poor articulating their sense of outrage in no uncertain terms. As Sokoll has noted, letter writers could demonstrate a ‘pretty self-confident attitude and address the overseers with surprising bluntness’.<sup>13</sup> Widow Doe for example had a clear sense of being wronged by the parish of Rotherfield Greys, and complained of their ‘scantiness of...Provision for her.’<sup>14</sup> Direct confrontation was not the most common rhetorical strategy employed by the Oxfordshire sick poor however. Pauper correspondence clearly indicates that third-party testimony was by far the most common technique utilised by the poor in order to add weight to the legitimacy of their claims. As King remarks, such actions were entirely explicable, as they increased ‘the force of a pauper appeal by calling on independent testimony’.<sup>15</sup> Mary Paxon for example solicited the services of Mr. Bodington of Stanton St. Johns to apply on her behalf, stressing that she ‘was taken ill’, and so unable to apply to the parish in person.<sup>16</sup> Mary Hyde of Hook Norton likewise employed the services of William Treanton in her application, relaying that she had ‘Bean Lying veury ill for the Cors of the thre wickes & is very much Desesed’.<sup>17</sup> The appeal of rank was also attractive, with local elites co-opted by the sick poor to legitimise and sanction their deserving status. For

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<sup>10</sup> MSS.D.D.Par. Souldern, c.7, i. Item 5.

<sup>11</sup> Ibid. Item 7. November 6, 1829.

<sup>12</sup> MSS.D.D. Par. Witney, c.44, c. Item 4, June 26, 1794. See also MSS.D.D. Par. Claydon, c.3, g. February 20, 1815.

<sup>13</sup> T. Sokoll, ‘Writing for Relief: Rhetoric in English Pauper Letters’, in Gestrich *et al*, *Being Poor*, p. 102

<sup>14</sup> PAR/211/5/C1/1. Item 43. July 13, 1771.

<sup>15</sup> S. A. King, ‘The Dignity of the Sick Poor in English Pauper Letters, 1810-1840’, in A. Gestrich (ed.), *Dignity, Relief and Belief in Europe, 1500-1950* (Oxford: Oxford University Press, forthcoming).

<sup>16</sup> MSS.D.D. Par. Souldern, c.7, i. Item 6, March 5, 1830.

<sup>17</sup> MSS.D.D. Par. Hook Norton, b.12/10. Item 9, December 29, 1816.



Widow Sims, the Reverend Atkinson proved to be a useful ally when applying for relief from Oxford St. Michael, whilst the testimony of a doctor was employed in order to add weight to the application of the Tull family.<sup>18</sup> Indeed, the garnering of the great and the good could be quite herculean in scale. When faced with the prospect of eliciting extra relief from her parish of settlement for example, Widow Doe chose not to place her fate solely in the hands of the relieving officers of the relevant parishes. As the correspondence relating to her plight illustrates, she cast her net widely when obtaining valuable allies in her quest for relief, soliciting support from among others Churchwardens, the Minister, the Mayor of Kings Lynn, and the Town Clerk, in order to give her appeals a degree of legitimacy that self-penned ones may have lacked.<sup>19</sup> Moreover, such third-party testimony was not always undertaken independently. The correspondence relating to Widow Doe for example clearly indicates that the sick poor were often the genesis of such communications, for as Minister Charles Bagge clearly states, a certificate drawn up in support of the Widow was undertaken 'At the request of Mrs Doe' herself.<sup>20</sup>

Of course, should such 'unofficial' overtures to the parish fail to deliver the required response, the sick poor could always turn to the law in order to attain a 'just' relief settlement. Indeed, the perceived ease with which they did so was a source of constant irritation, with the *Report from the Select Committee* of 1817 stating that under the present system, 'every person who is dissatisfied with the decision of the overseer, of course, applies to the justice, to whom his wants and habits must generally be less known'.<sup>21</sup> By 1834, the situation was little changed, with the Commissioner for Oxfordshire remarking that 'throughout the whole of the divisions, the paupers over-awed both the magistrates and overseers, and that the latter, from fear, endeavoured to put on the former all the odium of such refusals as they found it

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<sup>18</sup> In his letter to Oxford dated October 12, 1771, Atkinson intoned that it was his 'Intention to serve a poor helpless Woman'. PAR/211/5/C1/1. Item 44. This resonates with Digby's assertion that 'the gentry and the clergy' were 'most concerned to fulfil a paternalistic duty towards the poor'. A. Digby, *Pauper Palaces* (London: Routledge and Kegan Paul, 1978), p. 200. The doctor's diagnosis certainly added medical legitimacy to the application, stating that Tull was suffering from sunken eyes, which kept 'the familie upon the parish'. PAR/207/5/C1/7. March 23, 1755.

<sup>19</sup> PAR/211/5/C1/1. Items 25, 36 and 41. This technique would appear to have been commonplace. Steven King for example argues that engaging someone of higher social status to solicit for relief was a 'consistent tactic on the part of paupers seeking to establish their entitlement or negotiate with overseers at a distance'. King, 'The Dignity of the Sick Poor'.

<sup>20</sup> PAR/211/5/C1/1. Item 25.

<sup>21</sup> *Report from the Select Committee on the Poor Laws* (1817), p. 23.



necessary to give to applications.’<sup>22</sup> Despite the hyperbole that was a hallmark of such official enquiries, there was more than a grain of truth in such observations. The assumption by the poor that sickness constituted *de facto* a legitimate claim upon the parish was so entrenched that failure to accede to the demands of the sick, or even those who tended them in their illness, did result in overt threats of legal redress. Ann Hanks for example appeared quite determined to press home her application for reimbursement of nursing expenses, and through the use of her advocate Mr White, reminded the officers of Witney that ‘last year she was under the necessity of applying to a Magistrate’, and that although she would be ‘sorry to trouble them... if the money is not sent – she must’.<sup>23</sup> John Harris of Southam adopted a strategy that was not dissimilar to Hanks when he enlisted the help of attorney Richard Russell to press home his demands for recompense for lodging and nursing Thomas Duckett. When the matter did not resolve itself, Russell felt compelled to write again to Claydon, informing them that Harris ‘Accuses me with neglect...and says if I Do not proceed against you for the recovery immediately he Shall instruct some other Attorney to do so’.<sup>24</sup>

Clearly, the sick poor could be remarkably resourceful when asserting their ‘right’ to relief, and demonstrate marked agency when executing their relief strategies. Moreover, historians such as King have argued that such strategic thinking by the poor was commonplace, with the law being exploited in order to actualise and reinforce the checks and balances that were superimposed upon ruling elites within the parish. For King, the Summary Courts in particular offer a unique opportunity to understand the ‘central paradox of the law’s role in eighteenth century social relations – that it both reinforced the power of the propertied and constrained it’.<sup>25</sup> Moreover, this theme of an ineluctable core at the heart of the English parochial judicial system has been central to the analysis of historians such as Edward

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<sup>22</sup> *Report from His Majesty’s Commissioners*, p. 3 a.

<sup>23</sup> MSS.D.D. Par. Witney, c.44, c. Item 3, October 18, 1794.

<sup>24</sup> MSS.D.D. Par. Claydon, c.3, g. Item 9, February 20, 1815; Item 40, March 27, 1815. Such threats were not only unwelcome to Claydon, but also for Russell, who remarked in his closing lines that ‘You will therefore see my situation, and I will thank you To prevent me the unpleasant necessity of doing it’.

<sup>25</sup> P. King, ‘The Summary Courts and Social Relations in Eighteenth-Century England’, *Past and Present*, 183 (2004), 125-172, p. 128. Hindle has similarly argued that both ‘rich and poor alike shared a strong sense of the paternalistic obligations of the rich’, and that the mark of a ‘Gentleman’ was to behave in a manner that was becoming of the rank. S. Hindle, ‘Exhortation and Entitlement: Negotiating Inequality in English Rural Communities, 1550-1650’, in M. J. Braddick and J. Walter (eds), *Negotiating Power in Early Modern Society. Order, Hierarchy and Subordination in Britain and Ireland* (Cambridge: Cambridge University Press, 2001), p. 117.



Thompson in their attempts to reconcile the balance of forces that were evident from both above and below. As Thompson argued, 'the essential precondition for the effectiveness of law, its function as ideology, is that it shall display an independence from gross manipulation and shall be seen to be just'.<sup>26</sup>

It is not the aim of this chapter to explore in depth the detailed usage of these courts, but rather to give an impressionistic overview of their importance to the debates concerning entitlement during the Old Poor Law. Although far from being the poor mans guardian, King nevertheless argues that a significant proportion of the population experienced this judicial arena, thus cementing the law and the poor together in a not altogether anathematic compact.<sup>27</sup> For historians such as King, the Summary Courts therefore represented a vital tool in the armoury of the poor when dealing with the parish, offering third-party and authoritative testimony on their behalf, and backed by the letter and legitimacy of the law. Moreover, recourse to the law was attractive, for as he argues, when the poor sought relief, 'more often than not the case went their way'.<sup>28</sup> Orders from the justices within the Oxfordshire archive would appear to validate the general thrust of this argument. Although refused relief by the Souldern overseers, Peter Thompson appealed to the magistracy, which duly deemed him 'Poor and Impotent, and unable to maintain himself and Family without Relief from the Parish'.<sup>29</sup> The order clearly placed the burden of proof upon the officers of the parish, echoing the complaints of John Jessop in his submission to the Poor Law Commission of 1834. As he lamented, the 'ease with which the unprincipled poor' were able to lodge appeals, and 'the all too frequent readiness on the part of the magistrates to listen to unfounded and *ex parte* complaints, and ordering relief without any real occasion for it', clearly indicates that the law could be co-opted by the sick poor in particular in order to legitimise and actualise their

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<sup>26</sup> E. P. Thompson, *Whigs and Hunters. The Origins of the Black Act* (New York: Pantheon Books, 1975), p. 263.

<sup>27</sup> King, 'The Summary Courts', p. 132. King argues that at least forty percent of Winstree households sent one or more of their members to the petty sessions as either victim or accused during the period June 1788 – June 1792, and that 'the great majority of Winstree households in 1792 must have had at least one member who had directly experienced a summary hearing in the previous four years'. Braddick and Walter argue that although 'powerful in the face of their neighbours', the middling sort still 'owed obedience to landed justices of the peace'. M. J. Braddick, and J. Walter, 'Introduction. Grids of Power: Order, Hierarchy and Subordination in Early Modern Society', in Braddick and Walter (eds), *Negotiating Power*, p. 11.

<sup>28</sup> King, 'The Summary Courts', p. 148. Of the fifteen overseers summoned before William Hunt for non-payment of relief to paupers between 1744 and 1747, fourteen immediately agreed to grant relief.

<sup>29</sup> MS.D.D. Par. Souldern, c.7, j. Order dated April 25, 1823. The Souldern overseers were ordered to appear before the magistrates in order 'to shew cause why Relief should not be granted to the said Peter Thompson'.



entitlement to parochial relief.<sup>30</sup> Within the context of the agrarian rural parish, recourse to the law was therefore entirely explicable, offering as it did the opportunity to triangulate – that is play off the distanced magistracy – ‘against the very localized financial interests of middling vestrymen and employers’, for as King has argued, such informed strategies could ‘make vital contributions to the makeshift economies of the poor’.<sup>31</sup>

Whilst it is not unusual to chance upon the occasional reference to plebeian co-option of the law within the archive, it remains problematic to reconcile the prominence afforded to the law, and in particular institutions such as the Summary Courts within the context of Oxfordshire. Key to any debate about the role and centrality of the law must revolve around the issue of access to this specific form of redress. It is here that this particular relief paradigm is most problematic: for just as any deterrent must be backed up by the understanding that its use will be sanctioned under certain conditions, so the mere threat of the law is no substitute for the genuine ability to marshal its authority. Whereas the language of ‘rights’ is clearly evident within many pauper narratives – and often accompanied with veiled threats of legal redress – there remains little substantive evidence in Oxfordshire at least to support the notion that such threats were habitually followed through with legal process. Even when the magistracy were utilised by the sick poor, there is scant evidence to suggest that they habitually sought redress within more formalistic legal arenas. This may lend weight to King’s contention that the poor were largely ignorant of legal process; that financial obstructions to access to the law were effective; and that there was a lack of communal support for such actions by the poor against the parish.<sup>32</sup> Moreover, when magistrates did intervene in the relief process to enforce ‘generosity’, as King pointedly remarks, it is difficult to actually define what ‘generous’ actually meant and indeed means.<sup>33</sup> In this respect therefore, to cast the law as the poor mans guardian, which could be called upon at will by the labouring poor to aid their quest for relief is problematic, and over equips the poor with a degree of effective agency. Further, it also lays too much stress on the willingness and indeed the ability of the law – in the face of the magistracy – to fall into line

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<sup>30</sup> *Report from His Majesty’s Commissioners*, p. 427 c.

<sup>31</sup> King, ‘The Summary Courts’, pp. 138, 162, 144-5.

<sup>32</sup> S. A. King, *Poverty and Welfare in England, 1700-1850. A Regional Perspective* (Manchester: Manchester University Press, 2000), p. 64.

<sup>33</sup> *Ibid.*, p. 54.



behind the demands of the poor and impose relief settlements on the parish that could be financially ruinous, manifestly 'unfair' to the ratepayers, and undermine the perceived legitimacy of the established social order within the parish.<sup>34</sup> For as King concedes, these self-same magistrates were 'well aware that order would be difficult to maintain if they did not, at the same time, largely support the accusations of vestries and responsible employers against erring members of the labouring poor'.<sup>35</sup> In this respect, although historians such as Douglas Hay and Thompson may have underestimated the role that the law played in the canon of pauper agency, they may nevertheless have been correct in their assertion that the poor didn't believe that the law was an equal arbiter for rich and poor alike, or that they 'felt any real deference towards the law and those who administered it'.<sup>36</sup>

### Supplication

Of course, it would be problematic to consider the aspirations of the sick poor as being irrevocably conditioned by and tied up in the language of rights. With this proviso in mind, it is appropriate to examine the second model of power which has been advanced by historians. This places 'identity' at the heart of local structures of power, and aims to demonstrate how the competing identities of the middling sorts and the poor themselves shaped the evolution and execution of relief policy. As Jonathan Barry has argued, in the eighteenth century, 'identity implied the membership of *groups*, because it meant the sameness or agreement of two or more things with one another'.<sup>37</sup> For the middling sorts in particular, this identity was forged through the holding of office within the parish, and as David Eastwood has remarked, 'within the village community...a relatively well-defined and

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<sup>34</sup> Even advocates of a defined role for the magistracy have difficulties establishing the extent of their supposed power and influence. See for example D. Eastwood, *Governing Rural England. Tradition and Transformation in Local Government, 1780-1840* (Oxford: Clarendon Press, 1994), pp. 84, 105.

<sup>35</sup> P. King, *Crime, Justice and Discretion in England, 1740-1820* (Oxford: Oxford University Press, 2000), p. 362.

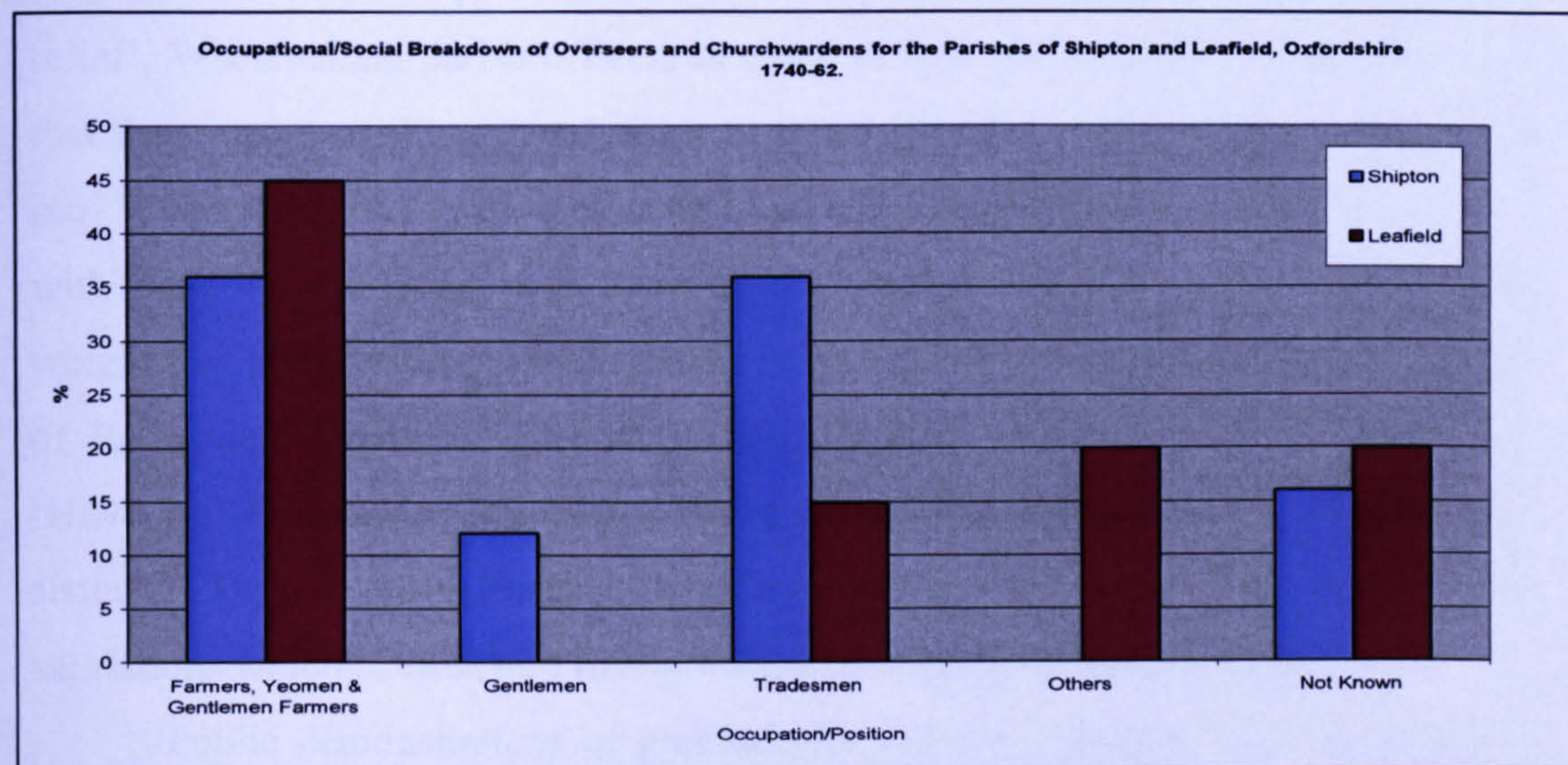
<sup>36</sup> See for example D. Hay, 'Property, Authority and the Criminal Law'; E. P. Thompson, 'The Crime of Anonymity', both in D. Hay, P. Linbaugh, J. G. Rule, E. P. Thompson and C. Winslow (eds), *Albion's Fatal Tree. Crime and Society in Eighteenth-Century England* (London: Allen Lane, 1975), pp. 17-64 and 255-344 respectively.

<sup>37</sup> J. Barry, 'Identite' Urbaine et Classes Moyennes Dans L'Angleterre Moderne', *Annales ESC*, 48, (1993), p. 854, cited in H. French and J. Barry, 'Introduction', in H. French and J. Barry (eds), *Identity and Agency in England, 1500-1800* (Basingstoke: Palgrave Macmillan, 2004), p. 2. Original emphasis.



homogeneous elite could command respect and exercise authority...and confirm their social position through control of the Poor Law – the crucial arbiter of status and fortune’.<sup>38</sup> As Figure 5.1 indicates, such concentrations of power were clearly evident within the Oxfordshire parishes of Shipton and Leafield.<sup>39</sup>

**Figure 5.1**



Source: J. Howard-Drake, ‘The Poor of Shipton under Wychwood Parish, 1740-62’, *Wychwood History Society Journal*, 5 (1998), 181-94.

One consequence of this monopoly of the commanding heights of local relief was that ‘the autonomy of the individual within society was heavily circumscribed by pre-existing value systems, and...independent agency tended to be mediated through and restrained by socially accepted pathways’.<sup>40</sup> We have seen in a previous chapter that it was not uncommon for local elites to attempt to impose behavioural norms upon relief claimants. For the sick poor at the sharp end of the relief process, some of these strictures were clearly easier to conform to than others, and it is unsurprising therefore that the adoption of an overtly deferential tone permeates many applications for relief. In her letter to the officers of Shiplake for example, Frances Cains remarked that she would ‘Esteem it a Great favour if you will send me a little more relief’ on account of her ‘poor state of health’, and apologised for being ‘so

<sup>38</sup> Eastwood, *Governing Rural England*, p. 30. For the playing out of ‘public roles’ within the ‘public eye’, refer to Braddick and Walter, ‘Introduction. Grids of Power’, p. 12.

<sup>39</sup> As Hindle remarks, parochial authority was usually ‘exercised in most rural parishes by men who resided on the broad convex slopes rather than at the very summit of the social hierarchy’. Hindle, ‘Exhortation and Entitlement’, p. 120.

<sup>40</sup> French and Barry, ‘Introduction’, p. 23.



troublesome'.<sup>41</sup> Such remarks can be viewed as a calculated epistolary technique which sought to press home the relief claims of the poor by means of a witting demonstration of the social hierarchy, and recognition of ones place within that order. Adopting this strategy may have been particularly effective for women, for as Alannah Tomkins argues, 'women were *supposed* to be dependent', and therefore 'expressions of humility and powerlessness became in themselves a tool to secure relief'. When asking parish officers to come to their assistance, women understood that they were 'ascribing moral virtue to men who were in effect merely doing their job'.<sup>42</sup> In a similar vein, the sick poor could stress their rootedness within the parish, with even the out-parish poor adopting this rhetorical sleight of hand in order to weight the relief process in their favour. In the coda to his application to the officers of Rotherfield Greys for example, Robert Brookes urged the parochial officer to 'Have the Goodness to Remember me to my Brother John Collins & like-wise my sister'.<sup>43</sup> Pauper John Fortham likewise indulged in a panoply of rhetorical salutations which planted him firmly within the wider parochial community.<sup>44</sup>

Public demonstrations of gratitude for relief and respect for ratepayers and officers of the parish were also central to the dispensation of communal welfare, and 'a reputation for ingratitude or truculence could be earned either by taking the alms of the parish for granted or by pleading the case for relief too aggressively'.<sup>45</sup> However, although the moral judgements that emerged as the logical outcome of this conceptualisation may have 'defined social roles', it is less clear cut whether it also 'imposed highly inequitable constraints on the social autonomy of poorer groups'.<sup>46</sup>

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<sup>41</sup> MSS.D.D.Par. Shiplake, c.3 d. April [no date]. Even the 'well' poor were not immune from exploiting what may be termed the rhetoric of rank. See for example MSS. D.D. Par. Witney, c.44, c. Item 2; PAR/78/5/F3/1, OA/7/1e.

<sup>42</sup> A. Tomkins, 'Poverty, Kinship Support and the Case of Ellen Parker, 1818-1827', in S. A. King (ed.), *The British Experience of Welfare* [forthcoming]. Sharpe ascribes more agency to women however, arguing that letters were 'statements of resistance' or 'weapons of the weak' due to the poor knowing they had a 'right' to relief. This point is developed by Steven King, who argues that paupers in general 'appear to have had a notion that the Poor Law should act to maintain dignity where it was compromised, complaining of the inaction of officials and often calling on them to consider their own dignity as overseers, fathers and fellow citizens'. P. Sharpe, 'Survival Strategies and Stories: Poor Widows and Widowers in Early Industrial England', in S. Cavallo and L. Warner, *Widowhood in Medieval and Early Modern Europe* (London: Longman, 1999), pp. 230, 233, 235-6.

<sup>43</sup> MSS.D.D. Par. Rotherfield Greys, c.11. December 7, 1812.

<sup>44</sup> MSS.D.D. Par. Souldern, c.7 j. Item 7, November 6, 1829. Fortham begins his letter 'Dear Friend', and signs off with the rejoinder 'I do assure you was received very thankful give our best respects to M<sup>rs</sup> Boddington and Jane and except the same for your self'.

<sup>45</sup> S. Hindle, 'Civility, Honesty and the Identification of the Deserving Poor in Seventeenth-Century England', in French and Barry (eds), *Identity and Agency*, p. 48.

<sup>46</sup> French and Barry, 'Introduction', p. 30.



For example, although Sokoll has demonstrated the centrality of deference within pauper letters, it should be recognised that ‘true’ deference is not a morally neutral position to adopt.<sup>47</sup> This observation is vital if one is to avoid the temptation to cast the poor as mere marionettes dancing to the tune of their ‘betters’. In this respect, perhaps it is useful to countenance that deference was a position that the poor could strategically adopt in order to legitimise their claims within an exclusionary process. Establishing the guilt of paupers was less problematic than establishing their genuine contrition for perceived or real transgressions. The ‘repentant pauper’ may therefore have been in some instances at least little more than an act that was played out before an audience of the great and the good of the parish, which, rather like the compulsion to labour noted in a previous chapter, was more significant in terms of its symbolic as opposed to its sincerity value.<sup>48</sup> This ‘game of gestures’, as it might be termed, may for example be detected as an undercurrent within the case of Meria Buckingham of Finmere. The apparent demands of diffident servility are clearly apparent when one sees instances of public contrition resulting in a readmission into the relief fold. Such was the case for Meria, when it was agreed to award her ‘an allowance by the week again she having made an apology for refusing to assist in the care of Butlers sick wife – but to lose her allowance for the time she was put off the list’.<sup>49</sup> Buckingham’s penitence was doubly effective, for not only was she awarded an allowance, but ‘at the same time her daughter on account of her being a cripple was ordered 8/ by way of occasional relief’.<sup>50</sup> What is significant from these entries in the vestry minutes is that this truculent pauper did not feel compelled to complain to the magistracy about the curtailment of her relief, but rather opted to swallow any pride and apologise to the local officers instead. Although we have seen that the magistracy could be actively co-opted by the poor in order to secure medical relief –

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<sup>47</sup> Sokoll, ‘Writing for Relief’, pp. 101-2. See for example the work of George Brown, which included examples of model petitions that applicants could follow when constructing appeals for relief. G. Brown, *The English Letter-Writer, or, the Whole Art of General Correspondence*, 6<sup>th</sup> ed. (London: 1800), pp. 218-9.

<sup>48</sup> In an elaboration of the work of James C. Scott, Braddick and Walter have stressed the difference between the ‘public transcript’ and the ‘hidden transcript’. Whereas the former represented ‘the repertoire of acceptable public behaviour between superior and subordinate in face-to-face contexts’, the latter related to ‘what each side may say or think when they are off-stage’. Braddick and Walter, ‘Introduction. Grids of Power’, pp. 1-42, esp. p. 5. See also J. C. Scott, *The Moral Economy of the Peasant: Rebellion and Subsistence in Southeast Asia* (New Haven: Yale University press, 1976); *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1990).

<sup>49</sup> PAR/105/2/A1/2, ff. 39-40. October 7, 1828.

<sup>50</sup> Ibid.



and much historiographical terrain has indeed been devoted to the study of their role in the administration and policing of the Poor Law – it may be suggested that for paupers at the sharp end of the relief process, the immediacy of local officers may have represented a far more realistic and opportune avenue of reinstating relief that had been removed due to personal transgressions.<sup>51</sup>

Although the ‘noisy poor’ may provide the most stark example of relief success, and be used to inform a wider discussion of the poor and the ‘language of rights’, it may be argued that such individuals were rather untypical of the disgruntled poor generally. Moreover, this more nuanced pauper agency – whereby character was self-consciously moulded in order to accommodate the expectations imposed upon the poor – was entirely explicable. After-all, taking complaints to distant figures in the shape of the magistracy may have resulted in consequences that were felt far more closely to home, as local officials could extract revenge on individual paupers over time.<sup>52</sup> Indeed, as contemporary the Reverend David Davies remarked, ‘many modest and deserving families’ opted to ‘suffer oppression than to incur the ill-will of their superiors by applying to a magistrate for redress’.<sup>53</sup> Certainly, it may be postulated that in the case above, both the officers of the parish and Meria Buckingham had a common understanding that the relief status of her daughter was dependant upon an act of contrition *within* the parish, which served to restate and acknowledge the authority of local elites and consequently legitimise both the reinstatement and extension of relief to the family.<sup>54</sup> Failure to accede to such strictures could and indeed did lead to thwarted ambitions, as the case of John

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<sup>51</sup> In this respect perhaps a reappraisal is needed concerning the actual role that magistrates performed during the Old Poor Law, and the extent to which the limitations of the Justices was common currency among the poor, which may in part explain the relative paucity of appeals to the magistracy that survive within the archive. In the case of Oxfordshire parishes for example, most magisterial interventions in respect of relief are generally concerned with appeals regarding settlement, and these are generally not at the instigation of paupers, but rather parishes suspending removals on account of illness in accordance with the law.

<sup>52</sup> Although officers of the Poor Law may be unable to exact revenge on individuals through their offices, it should be remembered that these self same individuals were also often employers within the parish, and had networks of influence that could determine a drawn-out and punitive outcome for the poor.

<sup>53</sup> Rev. D. Davies, *The Case of Labourers in Husbandry Stated and Considered* (London: 1795), pp. 25-6.

<sup>54</sup> Eastwood’s research has indicated that there was only one magistrate per 3000 people in Oxfordshire, making it unlikely they could ever ‘know’ all individual paupers under their jurisdiction. Hindle has similarly remarked that magistrates were ‘almost certainly ignorant’ of the particulars of parishes under their jurisdiction. Given these realities, immediate recourse to the ‘alien’ magistrate may have represented little more than whimsy for the poor when the immediate arena where disputes could be resolved was within the parish itself. Eastwood, *Governing Rural England*, p. 78; Hindle, ‘Exhortation and Entitlement’, p. 120



Deadfield illustrates. Having 'taken an apprentice, contrary to the advice of the 'Gentleman of this Parish', and used 'insolent arguments', the Whitchurch vestry resolved not to pay for the services of the doctor who had attended his 'Daughter...in her late illness', asserting that he 'ought to pay it himself'.<sup>55</sup> The absence of any demonstrable act of contrition had clear ramifications for Deadfield, with the denial of medical relief the price that had to be paid due to this failure to adhere to the unwritten rules which governed the administration of relief within parishes. In stark terms, it may be suggested that this failure to compromise would lead to a compromised failure. It is entirely conceivable that although contrition could amount to little more than concealed contempt, this was nevertheless understood by both sides of the relief equation, and it was the public enactment of the game of gestures that was the most important aspect of relief dispute resolution.

The work of Sokoll in particular has indicated that such overt expressions of servility – whether sincere or not – were far from uncommon.<sup>56</sup> Notwithstanding this, the most frequent strategy adopted by the sick poor however was recourse to the language of deservingness, as conditioned by the prescriptive behavioural norms outlined above. At its most basic level, this could be little more than a brief testimonial of character, with the Town Clerk of Kings Lynn for example stressing that the ailing Widow Doe was a 'Decent clean woman'.<sup>57</sup> More sophisticated rhetorical techniques were employed however, which sought to tap into and exploit the signifiers of deservingness. Compromised independence for example was one such rhetorical technique utilised by the sick poor when applying for relief. As the law implied, the parish was supposed to be the relief of last resort for the poor, and so references to previous independence or a circumscribed economy of makeshifts was central to many applications. Although King's analysis of the case of Joseph Mayett indicates that the assertion of independence could contribute to marginalisation at the hands of local parish officers, such considerations do not appear to have informed the relief strategies of the sick poor of Oxfordshire.<sup>58</sup> In his request to the officers of Rotherfield Greys for example, Robert Brookes stressed that he had 'been in Hospital the main part of the summer', and that he had 'never

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<sup>55</sup> PAR/287/2/A/1, p. 156. March 26, 1821.

<sup>56</sup> T. Sokoll, 'Writing for Relief', pp. 102-3.

<sup>57</sup> PAR/211/5/C1/1. Item 36. November 28, 1769.

<sup>58</sup> P. King, 'Social Inequality, Identity and the Labouring Poor in Eighteenth-Century England', in French and Barry (eds), *Identity and Agency*, pp. 60-86.



troubled' the parish before.<sup>59</sup> Even the somewhat unreliable George Tull was reported as stating that 'he would not have had Any thing From his parish was he But able to Earn it Himself', and that he would resist making a claim unless it was a 'Case Of nesessity'.<sup>60</sup> Such rhetorical flourishes lend weight to King's assertion that the sick poor were attuned to 'how dignity might be weighed, measured, described and claimed', with the 'depth and length of their struggle to avoid poor relief' one of its primary signifiers.<sup>61</sup> A period of public suffering could therefore be utilised by the sick poor in order to legitimise claims for relief, with Richard Simmons awarded three shillings a week from Enstone for the duration of his illness, with an additional two shillings for '4 Days lying ill before he applied to the Vestry'.<sup>62</sup> Thomas Griffin Junior was similarly allowed five shillings and sixpence per week 'during the time he lyes ill', in addition to five shillings for the nine days illness he endured before applying to the parish.<sup>63</sup> Although, as Sokoll states, such claims may have been considered 'mere rhetoric', there are instances when the spirit of independence were rather more concrete.<sup>64</sup> The case of John Prestage for example clearly indicates that the ranks of the sick were not wholly comprised of the clamorous and indigent poor, reliant upon the parish. Although afflicted with small pox and nursed by William Plaister, over a quarter of the expenses in the case were met by an insurance club of which he was member.<sup>65</sup>

Even in cases where paupers were unable to indulge in such prudential behaviour, an ailing economy of makeshifts could be pushed to the fore in order to emphasise a compromised spirit of independence. Minister Charles Bagge for example sought to stress not only the severity of Widow Doe's ailments which had rendered her 'incapable of providing for herself', but also that that 'her present allowance from the Parish, was it not increased by the charitable contribution of her friends, would be very unequal to her necessary wants'.<sup>66</sup> For paupers such as

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<sup>59</sup> MSS.D.D.Par. Rotherfield Greys, c.11. December 7, 1812.

<sup>60</sup> PAR/207/5/C1/4. May 6, 1754.

<sup>61</sup> King, 'The Dignity of the Sick Poor'.

<sup>62</sup> PAR/97/2/A1/1, f. 12. May 19, 1823.

<sup>63</sup> Ibid., f. 13. June 2, 1823.

<sup>64</sup> Sokoll, 'Writing for Relief', p. 106.

<sup>65</sup> MSS.D.D. Par. Witney, c.44 c. Item 4, June 26, 1794. Expenses incurred for the care of Prestage amounted to £2 0s. 0d., of which 12s. was met by the insurance club. In addition to this spirit of independence, Plaister informed the Witney vestry that 'his Club money I apprehend is sufficient to support him till he is capable of going to work'.

<sup>66</sup> PAR/211/5/C1/1. Item 27. February 9, no year stated. This emphasis upon recourse to other sources of support within the wider economy of makeshifts is not uncommon, and suggests that an impression



Hannah Blotheridge, recourse to kith and kin was clearly not a viable alternative to parochial relief, with the coda of the application made on her behalf stressing that she had ‘no friends as can assist her’.<sup>67</sup> Seeming to exhaust all alternate relief avenues therefore represented a powerful rhetorical technique in the process of navigating the moral maze that was the Old Poor Law. This is not to state that all such protestations of desperation and isolation were mere artifice however, for life-cycle crises such as these did make the poor particularly vulnerable, and therefore more prone to apply for relief. As King argues, the linkage of sickness to these wider poverty issues added legitimacy to such claims, and for paupers like George Tull, this was clearly the case, with a bout his of debilitating ‘Rehumatism’ impeding his ability to maintain his large family.<sup>68</sup> This confluence of poverty indicators is also evident in the cases of Hannah Blotheridge and the Aker family. Deserted by a ‘worthless Husband’, the ‘quiet industrious’ Hannah experienced a descent into sickness, with officers testifying that she was ‘very ill’ with a ‘high fever’.<sup>69</sup> For the Aker family, it was the sickness of the children which had rendered wife Sarah unable to ‘Earn any thing’ – a situation compounded by the forced absence of her husband through service in the Militia.<sup>70</sup> In this case, the resultant threat of removal represented a particular injustice, for sickness itself was morally neutral; inability to labour a legitimate gateway to relief; and poverty induced by military service a reneging of

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of desired independence from the Poor Law was the intent of this particular rhetorical strategy. For an excellent example of this technique, refer to the ‘Letter from James Fewins to the Overseers of the Poor of Cheriton Bishop, Devon, dated 21<sup>st</sup> April 1830’, cited in: J. S. Taylor, *Poverty, Migration*, p. 108. Although Snell has suggested that the ‘isolated and insular’ nature of families precluded prominent kinship support, Tomkins and Thane in particular have argued that absence of evidence does not – due to the hidden nature of many of these resource transfers – equate to evidence of absence, and moreover that these transfers ‘would nevertheless have yielded material benefits’. Refer to K. D. M. Snell, *Annals of the Labouring Poor: Social Change and Agrarian England, 1660-1900* (Cambridge: Cambridge University Press, 1995), pp. 364-7; Tomkins, ‘Poverty, Kinship Support’; P. Thane, ‘Old People and their Families in the English Past’, in M. Daunton (ed.), *Charity, Self-Interest and Welfare in the English Past* (London: University College London Press, 1996), pp. 113-4.

<sup>67</sup> MSS.D.D.Par. Souldern, c.7 i. Item 4, May 7, 1829.

<sup>68</sup> King, ‘The Dignity of the Sick Poor’. PAR/207/5/C1/1. February 15, 1754. Catalysts for these crises could include lack of work; old age; expanding families; or a combination of such factors. The perennially sick Tull family for example were recorded as finding it ‘verre Hard...thise Winter’ due to the ‘waters Bein up so often that the man Cold not worke’. PAR/207/5/C1/10. April 9, 1756. In the case of Widow Doe, relief was also sought due to her being ‘very infirm, & unable to do any sort of work.’ PAR/211/5/C1/1, Item 26. No date. See also M. E. Fissell, ‘The “Sick and Drooping Poor” in Eighteenth-Century Bristol and its Region’, *Social History of Medicine*, 2 (1989), 35-58, esp. pp. 35-6; T. Wales, ‘Poverty, Poor Relief and the Life-Cycle: Some Evidence from Seventeenth-Century Norfolk’, in R. M. Smith, (ed.), *Land, Kinship and Life-Cycle* (Cambridge: Cambridge University Press, 1984), pp. 351-404; M. W. Flinn, ‘Medical Services under the New Poor Law’, in D. Fraser (ed.), *The New Poor Law in the Nineteenth Century* (Basingstoke: Macmillan, 1976), p. 45.

<sup>69</sup> MSS.D.D.Par. Souldern, c.7 i. Items 3-4, April 1, 1829; May 7, 1829.

<sup>70</sup> MSS.D.D. Par. Charlbury, b.8/9. Item 5, April 14, 1812.



the covenant.<sup>71</sup> The articulation of these elements therefore represented a knowing and clear rhetorical strategy, which sought to tap into the consciousness of the relieving parish through the exploitation of the currency of deservingness.

This 'currency' moreover could have many faces and forms. The relationship of clothing to the central notion of the 'dignity of the poor' for example has been usefully mined by historians such as King and Christiana Payne, who have persuasively argued for the powerful and symbolic role that clothing played within the negotiation strategies of the poor. Of particular interest for this study is how clothing represented one of the 'mediated pathways' through which medical relief could be legitimised. As Catherine Richardson has persuasively argued, the poor were part 'of the social world which demands appropriate outer attire in the presence of friends and neighbours'.<sup>72</sup> Given this, clothing, or lack thereof, was a benchmark of 'civilisation', which 'could be used as a pin to prick the consciousness of ratepayers in their home towns'.<sup>73</sup> The stress placed upon 'nakedness' within pauper narratives indicates that the sick poor were aware of the power of their physical appearance to shame the parish into proffering relief.<sup>74</sup> The repeated requests for relief made on behalf of Widow Jones to the officers of St. Michael in the Northgate, Oxford, for example, include repeated references to her need of clothing, stating that she requires 'something to buy hur a shirt for she hath scarce even a none to wear'.<sup>75</sup> Failure to provide adequate clothing could even result in the sick poor seeking redress through the law. The 'very Poor and Impotent' Joshua Green for example considered his pension of four shillings insufficient to 'maintain him, and find him in

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<sup>71</sup> This is not to state that recourse to such rhetorical strategies was always successful. The Aker family for example continued 'in Distress' and under the threat of removal over a month after the initial application for relief. MSS.D.D. Par. Charlbury, b.8/9. Item 6, May 27, 1812.

<sup>72</sup> C. Richardson, "'Havying nothing upon hym saving onely his sherte": Event, Narrative and Material Culture in Early Modern England', in C. Richardson (ed.), *Clothing Culture, 1350-1650* (Aldershot: Ashgate, 2004), pp. 209-21, esp. pp. 215-16.

<sup>73</sup> S. A. King, 'The Clothing of the Poor: A Matter of Pride or of Shame?', in Gestrich *et al*, *Being Poor*, pp. 365-388, esp. pp. 366-7. See also the articles in the special edition of S. A. King and C. Payne (eds), *Textile History*, 33 (2002). Although Peter Jones has questioned the 'generosity' of clothing allocated to the poor, particularly in terms of quality, he nevertheless argues that Parish officials were responsive to the clothing needs of the poor. P. Jones, 'The Clothing of the Poor in the Early Nineteenth Century', *Textile History*, 37 (2006), 17-37.

<sup>74</sup> King, 'The Clothing of the Poor', p. 366.

<sup>75</sup> PAR/211/5/C1/1, Item 8, August 17, 1743. See also PAR/211/5/C1/1, Items 4-7; 9-10; 16-20, which detail her struggle to wrest her pension and clothing from the officers of St. Michael in the Northgate, Oxford.



necessary Clothes to shelter him from the Weather', and resorted to the magistrates in order to compel the parish of Cogges to rectify his 'almost naked' state.<sup>76</sup>

This conscious undertaking on the part of the sick poor to stress aspects of poverty which had greatest potential to affront the sensibilities and reputation of the officers of the parish indicates a degree of informed yet nuanced agency. Indeed, the evidence for Oxfordshire would appear to support King's assertion that although the poor rarely 'used the precise language of dignity and indignity, there is a clear sense in which they...had the measure of its meaning'.<sup>77</sup> The employment of such language was therefore central to the agency of the sick poor, and played an integral role in their negotiation strategies when seeking to establish an entitlement to relief. Even symbols of supplication and chattel-like status like pauper badges were more nuanced and loaded with meaning than is perhaps acknowledged. Despite being employed to identify and isolate the poor from the wider respectable community, as Steve Hindle argues, the parish badge could also operate as 'a form of *livery* that functioned as a symbol not only of subordination but also of patronage'.<sup>78</sup> In this context therefore, the badge could represent 'a testimonial of good behaviour', with the poor applying for relief 'even though (possibly even because) it meant wearing one'.<sup>79</sup>

Although the term 'pauper' may well have been viewed as a badge of shame and dishonour by sections of the parochial elite – and indeed amongst the poor themselves – it may be suggested that this was not a universal philosophical outlook. Within many parishes the age-old importance of 'rights' and 'custom' undoubtedly persisted, with even the feckless poor routinely relieved.<sup>80</sup> In this respect, the

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<sup>76</sup> MSS.D.D. Par. Cogges, c.1 g. November 18, 1768.

<sup>77</sup> King, 'The Dignity of the Sick Poor', p. 23. Walter has similarly argued that appeals by the poor were often consciously framed to invoke 'moral censure', touching upon notions of 'neighbourliness and the moral community, the good lord and the good king [and] the responsibilities of office'. J. Walter, 'Public Transcripts, Popular Agency and the Politics of Subsistence in Early Modern England', in Braddick and Walter (eds), *Negotiating Power*, p. 134.

<sup>78</sup> Hindle, 'Civility, Honesty', p. 51. See also the conclusion of the essays collected in Hitchcock *et al*, *Chronicling Poverty*.

<sup>79</sup> Ibid. The evidence for pauper badges in Oxfordshire is remarkably slim. See for example J. Howard-Drake, 'The Poor of Shipton under Wychwood Parish, 1740-62', *Wychwood History Society Journal*, 5 (1998), 4-44, esp. p. 25

<sup>80</sup> See for example J. Crowther and P. Crowther (eds), *The Diary of Robert Sharp of South Cave: Life in a Yorkshire Village 1812-1837* (Oxford: Oxford University Press, 1997), p. 241. Grell and Cunningham also make this point, arguing that the 'urge to impose social discipline' may have been overridden even in cases of 'serious moral shortcomings'. O. P. Grell and A. Cunningham, 'The Reformation and Changes in Welfare Provision in Early Modern Europe', in O. P. Grell and A. Cunningham (eds), *Health Care and Poor relief in Protestant Europe, 1500-1700* (London: Routledge, 1997), pp. 3-4.



assertion of Jonathan Barry and Henry French that paupers were 'judged to have failed in the exercise of...social liberties', and that financial assistance therefore came 'at the expense of personal liberty', is perhaps a somewhat pessimistic reading of the conflation of the politics of identity with the entitlement to relief.<sup>81</sup> Moreover, the very adherence to 'constraints on behaviour, morality and identity production' by local elites seeking to impose deference upon the poor conversely helped to transform their 'eligibility' for relief into an 'entitlement'.<sup>82</sup> As Hindle in particular acknowledges, such constraints gave rise to clear openings within the relief system, and the poor 'ultimately came to see the advantages of sorting themselves, into the moral categories approved by the overseers'.<sup>83</sup> The imposition of defined criteria meant that the poor were perversely presented with an opportunity to make their claims for relief upon established and widely known 'entitlement terrain', which rendered attempts at the marginalisation of the poor fatally flawed from the outset. The very act of classification therefore legitimised certain forms of relief, and conferred entitlement upon certain claimants. The 'carefully circumscribed subgroup' of the poor identified by Martin Gorsky was therefore able in certain circumstances to *recast*, rather than *reform* themselves in order to fit the ascribed typology of the deserving poor that emerged as a consequence of these philosophical impulses.<sup>84</sup> This was aided by the fact that despite the generalities that permeated the conceptualisation of the poor, as Barry and French have persuasively argued, 'the assessment of morality as part of identity was *individuating* as well as generalising', which enabled the poor to be judged with regard to their personal conduct rather than against some generalised typology for the poor. Through this personalised process, it was possible 'for individuals to be regarded as poor but honest, even if 'the poor' themselves were seen as morally more fallible than the rich...In this sense, individuals *were* able to establish personal reputations and identities that were

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<sup>81</sup> French and Barry, 'Introduction', p. 30.

<sup>82</sup> *Ibid.*, p. 25.

<sup>83</sup> Hindle, 'Civility, Honesty', pp. 40-41. For further discussion on the constructions of 'civility' during the seventeenth century refer to P. Burke, 'A Civil Tongue: Language and Politeness in Early Modern Europe', and B. Capp, 'Arson, Threats of Arson, and Incivility in Early Modern England', in P. Burke, B. Harrison and P. Slack (eds), *Civil Histories: Essays Presented to Sir Keith Thomas* (Oxford, Oxford University Press, 2000), pp. 31-48, 197-214.

<sup>84</sup> M. Gorsky, *Patterns of Philanthropy. Charity and Society in Nineteenth Century Bristol* (Woodbridge: Boydell, 1999), p. 45.



distinct from (and which occasionally contradicted) public gender, age or status roles'.<sup>85</sup>

### Schism

Despite the insights that both the stratagem and supplication models afford into the expectations of the sick poor and local elites, and how these were accommodated in order to add legitimacy to relief applications, the extent to which such models adequately characterise the often 'schizophrenic' nature of communal relief remains questionable. Although both the articulation of rights and the reconfiguration of entitlement presented the poor with 'legitimised' entry-points into communal relief, these were themselves conditioned by a 'system' of local governance which lacked any coherent sense of shared vision or values. As Eastwood has acknowledged, the absence of formal constitutions meant that 'the pattern of vestry politics varied enormously', and due to the constant evolution of the local poverty landscape and wider philosophical shifts in the sentiment debate, the vestry had to be responsive to these internal and external influences on policy.<sup>86</sup> When attempting to establish entitlement, it was also essential that the sick poor were likewise aware of the shifting sentimental sands, and how such movements informed and shaped their strategies when applying for relief.

Although we have seen that the sick poor could be powerful articulators of the language of rights when pressing relief claims, or exploit the mediated pathways which conferred legitimacy upon their plight, for individual paupers, such processes were not always as linear as the models outlined above may imply. For the sick poor, the consequences of this stark reality could be painful indeed. The absence of his advocate Mr. Cartwright in the parish of Somerton for example resulted in William Hunt having to endure an arbitrary sixpence reduction in his weekly relief settlement.<sup>87</sup> For the Hall family – resident in Eltham though with a legal settlement in Pyrton – the uncertainties which could characterise the relief process were similarly stark. With weekly doles reduced due to the departure of children into

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<sup>85</sup> French and Barry, 'Introduction', pp. 31-2. Original emphasis.

<sup>86</sup> Ibid., p. 36. See for example J. C. Bloomfield, *History of Fimmere* (Buckingham: 1887), pp. 26-7, 54-68; Eastwood, *Governing Rural England*, p. 37.

<sup>87</sup> MSS.D.D. Par. Souldern, c.7 j. Item 8, February 20, 1830.



service, and intransigence from Pyrton in honouring outstanding relief expenditure, the family faced a period of economic uncertainty, with the threat of removal forever hanging over their heads.<sup>88</sup> Moreover, despite the ‘privileging’ of the impotent poor in the 1601 statute, as the following extract from the Henley minutes indicates, an inability to earn sufficient through labour on account of sickness could offer few guarantees that relief would be immediately forthcoming.

M<sup>r</sup> Bird has stated that George Fuernel Sen<sup>r</sup> is in want of a Double Truss in Consequence of rupter on the Right and left side both and that if the Select Vestry grant his application when personally made that M<sup>r</sup> Bird will procure the Truss at Cost Price George Fuernel Sen<sup>r</sup> personally applied for a double Truss the Select Vestry have granted the request & furtherwith at the Cost Price.<sup>89</sup>

The resolution clearly lays bare the process of relief that even the sick poor had to navigate in order to obtain relief. That relief was not automatically conferred indicates an air of vigilance within the parish – a point amplified by the fact that Fuernel was obliged to apply in person in order to demonstrate his ‘deservingness’ to the vestry.<sup>90</sup> As Tomkins has acknowledged, although parishes may have accepted the ‘intellectual responsibility’ to relieve paupers, they were nevertheless ‘willing to defer and prevaricate’ about relief settlements.<sup>91</sup> Moreover, even when applications were granted by vestries, there was an absence of effective sanctions available to them to compel recalcitrant overseers to do their bidding.<sup>92</sup> For Fuernel, such realities came to the fore, with the vestry having to restate the settlement a full month after the original relief had been sanctioned.<sup>93</sup> Such recalcitrance was not uncommon, as the case of Mrs Southam cited in chapter three further illustrates. Despite undertaking to ‘cure’ John Smiths leg, the Woodstock vestry were compelled to order that she ‘be paid the sum of two Guineas and an half...the same not being paid

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<sup>88</sup> Over a period of four months, little progress was made in respect securing relief for the family, with the outstanding relief bill amounting to £28 7s. 3d. up to December 20, 1806. MSS.D.D. Par. Pyrton, c.12. Items h, No’s. 1-4. September 11; October 22; November 16; December 27, 1806.

<sup>89</sup> MSS.D.D. Par. Henley St. Mary, c.2. May 22, 1821.

<sup>90</sup> The fear of fraud was a permanent feature of the out-parish relief system in particular, which meant that both overseers and the poor were aware of the suspicion of deception that could ensue as a consequence of non-attendance at the vestry. S. A. King, ‘Regional Patterns in the Experiences and Treatment of the Sick Poor, 1800-40: Rights, Obligations and Duties in the Rhetoric of Paupers’, *Family and Community History*, 10 (2007), 61-75, esp. p. 64.

<sup>91</sup> A. Tomkins, ‘Poverty, Kinship Support’.

<sup>92</sup> King, *Poverty and Welfare*, p. 26n.

<sup>93</sup> MSS.D.D. Par. Henley St. Mary, c.2. June 19, 1821.



in pursuance of a former order', over a year after the original order for payment had been made.<sup>94</sup>

Clearly, different tiers within the immediate parochial relief administration could simply fail to act in accordance with each others wishes, with obvious consequences for the paupers involved. That such a situation could arise touches upon one of the central paradoxes of the Old Poor Law. Although established in statute, the English welfare 'system' was rarely little more than a loose confederation of legislative impulses, which could be adopted or abandoned at will within the autonomous parish. This legalistic morass moreover was characterised, Joanna Innes notes, by 'a division of labour in relation to welfare between central and local governments in which the role of the former was to legislate, regulate and perhaps monitor, and the much more demanding role of the second to amass funds, identify worthy objects and administer appropriate aid'.<sup>95</sup> The archival record would appear to suggest that this 'division of labour' was itself mirrored within parochial governance, whereby the magistracy and vestry would 'legislate, regulate and perhaps monitor', and the humble overseer had the somewhat invidious obligation to 'amass funds, identify worthy objects and administer appropriate aid'. Although Eastwood maintains that overseers' powers were somewhat circumscribed, the prevalence of discretionary relief settlements indicates that such autonomy may have in reality reflected a wider parochial policy vacuum.<sup>96</sup> When John Burchell applied for relief to Banbury on account of being 'very ill' with a six children therefore, the vestry merely resolved that he was 'To have what the Overseers see necessary'.<sup>97</sup> The Cuddesdon vestry gave similar latitude to the overseer during the confinement of Thomas Mixey's wife, stating that she should be provided with 'further attendance & necessaries...as he in his judgement may think necessary'.<sup>98</sup> Despite a legal obligation to account for expenditure, and the unenviable task of extracting well-guarded funds from the prudent grasp of the middling-sorts, as Slack somewhat

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<sup>94</sup> MSS.D.D. Par. Woodstock, c.12, p. 241. July 8, 1759. The original order for payment was issued on April 2, 1758. Refer to Chapter 3 on the Supply of Medicine.

<sup>95</sup> J. Innes, 'State, Church and Voluntarism in European Welfare, 1690-1850', in H. Cunningham and J. Innes (eds), *Charity, Philanthropy and Reform from the 1690s to 1850* (Macmillan Press: Basingstoke, 1998), p. 27.

<sup>96</sup> Eastwood, *Governing Rural England*, p. 154.

<sup>97</sup> MSS.D.D. Par. Banbury, c.38, f. 12. December 31, 1817. When Burchell's wife applied for the princely sum of three pounds 'to take herself and 3 Children to Nottingham', the decision was similarly 'Left to the Overseers'. MSS.D.D. Par. Banbury, c.37, f. 110. June 1, 1824.

<sup>98</sup> PAR/81/2/A2/1, f. 39. October 2, 1826.



pointedly notes, 'the overriding concern of overseers was to avoid trouble during their year in office'.<sup>99</sup> It is with this consideration in mind that we must judge the nature of their dilemma, and indeed the dilemma of their nature. One consequence of this Janus-esque situation was that although establishing an entitlement was an important aspect of the relief process, it never remained the sole guarantor of relief. Given these circumstances, it is perhaps entirely explicable that for officers of the parish, attempting to reconcile these often competing sides of the same relief coin could inevitably cause real friction within the parish – a reality which the very elasticity of 'entitlement' had the potential to both ameliorate and exacerbate.

Moreover, such friction was not confined within the parish bounds. Concerns over attempts to undermine the integrity of settlement for example would see the Banbury vestry resolving to commence legal proceedings against the overseers of Bodicott 'for having illegally procured the Marriage' of paupers James Knight and Phebe Haywood.<sup>100</sup> The out-parish relief system in particular meant that there was real 'potential for rancorous disputes between parishes', with the officers of Ipswich increasingly exasperated by the non-cooperation of their counterparts in Finstock over the relief settlement of the ailing Aker family.<sup>101</sup> As Ethel Hampson has observed, one of the tensions that lay at the heart of out-parish relief was the apparent generosity – or at least the perception of it – that was afforded to the poor in general and the sick poor in particular by host parishes.<sup>102</sup> The Reverend Blakiston was certainly adamant that such liberality was commonplace, and evidence from Oxfordshire would appear to confirm these general suspicions.<sup>103</sup> In their correspondence concerning the 'Bearing Child' for example, Standlake stressed that Witney were to relieve the child 'as if belonging to your own parish', whereas the officers of Rotherfield were assured that the three pounds advanced to the ailing

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<sup>99</sup> Slack, *Poverty and Policy*, p. 190.

<sup>100</sup> MSS.D.D. Par. Banbury, c.36, f. 66. December 11, 1818. On the propensity for litigation between Oxfordshire parishes, refer to J. A. Redwood, 'Pauper Fortunes in Oxfordshire, 1660-1760', *Oxoniensia*, 37 (1973), 208-214, esp. p. 212.

<sup>101</sup> S. A. King, "'It is impossible for our Vestry to judge his case into perfection from here": Managing the Distance Dimensions of Poor Relief, 1800-40', *Rural History*, 16 (2005), 161-189, esp. p. 183; MSS.D.D. Par. Charlbury, b.8/9. Items 5-6, April 14 and May 27, 1812.

<sup>102</sup> E. M. Hampson, *The Treatment of Poverty in Cambridge, 1597-1834* (Cambridge: Cambridge University Press, 1934), pp. 135-6, 149.

<sup>103</sup> *Report from His Majesty's Commissioners, Appendix (C.), Communications No. 1*, Rev. P. Blakiston, 'Report on the Administration and Effects of the Poor Laws, more particularly in the County of Hants', p. 3 c.



Brook family 'shall be properly applied.'<sup>104</sup> Moreover, as the following extract from Garsington illustrates, although couched in diplomatic language, negotiations between parishes concerning the 'appropriate' relief of the sick poor could be starkly prescriptive.

Gentlemen We receiv'd a letter from Mr Sandler your Church Warden informing us, that Thomas White who belongs to this Parish wants relief. *We desire the favour of you to let Him have what is necessary, and we hope that you will relieve Him just in the same manner as if he was one of your own Parish, and we will take care to pay you the money again.* In case He shou'd die you will need not give yourselves the trouble to send imediately here, but please to act in the same manner with regard to His funeral. *Shou'd He continue ill without any prospect of dying soon, perhaps we may have Him to our own Parish as it will be as cheap for us to support Him here as with you.*<sup>105</sup>

Although sickness added legitimacy to the claims of the poor, parishes were nonetheless alive to the fact that the relief of the out-parish poor represented a potential fiscal weakness. Despite a willingness to underwrite any 'Reasonable Charges' incurred by Witney for the treatment of James Webb for small pox, Burford were adamant that they would not 'bear any part of the expense's already incur'd on Account Of her Husband'.<sup>106</sup>

Due to the judicial oversight they exercised over parochial relief policy however, the magistracy came to attract particular opprobrium within parishes. Despite the day-to-day administration of relief being under the direct control of overseers, these lowly administrators and the vestries which appointed and directed them were nevertheless accountable to the magistracy who both ratified the parochial accounts, and were the channel through which local objections to levels of relief and rates were made. We have seen that the sick poor were particularly adept at co-opting magistrates in order to add both legitimacy and the weight of the law when pressing relief claims on the parish, and that in this hierarchy of control and accountability, they were therefore seen as critical in maintaining 'an equilibrium between the

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<sup>104</sup> MSS.D.D. Par. Witney, c.44 c, Item 1, October 13, 1794; MSS.D.D. Par. Rotherfield Greys, c.7, December 8, 1813.

<sup>105</sup> MSS.D.D. Par. Garsington, b.12, f. 22. May 9, 1769. My emphasis. To avoid external scrutiny and scorn of their relief policies, parishes could respond to pleas for relief from their out-parish poor before the poor sought the intervention of their parish of residence on their behalf. Thus, when Richard Parrott wrote to inform the Bampton vestry of his distress in December 1828, in order to 'prevent the necessity of his applying to the parish where he resides for relief', the vestry resolved that 'a pound should be sent him for his present wants'. PAR/16/2/A1/2, f. 117.

<sup>106</sup> MSS.D.D. Par. Witney, c.44 c, Item 6. December 3, 1794.



interests of ratepayers and the reasonable expectations of the poor'.<sup>107</sup> Of course, exactly what defined a 'reasonable expectation' is problematic, and it was this grey area that would create similar conflict and discord between parishes and their respective legal overseers.

Although Eastwood argues that parishes sought to accommodate the attitudes of the magistracy within parochial policy in order to 'avoid a rash of appeals' or diminish the 'apparent authority of parish officers in the eyes of local inhabitants', the slew of Orders from the Justices indicate that parishes were not always willing to follow the prescribed magisterial relief policy.<sup>108</sup> Moreover, when feelings ran high against perceived interference, parishes could respond with uncharacteristic clarity of purpose. When twelve paupers from Bampton sought legal redress for the failure of the parish to implement the recommendations of the local Justices therefore, the vestry ordered James Rose to:

take all steps as he may deem expedient to defend an application to be made...by M<sup>r</sup> Lee Attorney at Law relating to or for an Order of Justice upon the Churchwardens or Overseers of Bampton for enforcing sufficient Relief...and also relating to a charge for disobeying the Orders and Directions given by the Rev<sup>d</sup> John Hyde one of his Majesty's Justices of the peace acting in and for the Hundred of Bampton and generally to do all things he may deem necessary on Behalf of the said Parish relating to the aforesaid matters.<sup>109</sup>

Of course, magisterial interventions may have reflected a conscious desire to protect the poor. Indeed, magistrates such as the Reverend Onslow believed that 'the poor would be ground to powder' without the paternal oversight of the local bench.<sup>110</sup> Despite such noble ambitions however, it is clear that although the relief reforms of the late sixteenth-century that had coalesced into the Act of 1601 had ostensibly established a localised welfare 'system' under the regulatory control of the magistracy, this model of 'local poverty, local relief' was characterised by almost tribal manoeuvring. Moreover, as Eastwood concedes, although magistrates 'had a duty to intervene to redress injustices or abuses perpetrated by parish officers, it was

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<sup>107</sup> Eastwood, *Governing Rural England*, p. 105. Walter and Schofield have argued that the magistracy was 'allowed or even required...to intervene in the normal processes of social and economic life on behalf of the community at large'. J. Walter and R. Schofield, 'Famine, Disease and Crisis Mortality in Early Modern Society', in J. Walter and R. Schofield (eds), *Famine, Disease and the Social Order in Early Modern Society* (Cambridge: Cambridge University Press, 1989), pp. 68-9.

<sup>108</sup> Eastwood, *Governing Rural England*, p. 84.

<sup>109</sup> PAR/16/2/A1/2, f. 102. January 3, 1827,

<sup>110</sup> *Report from His Majesty's Commissioners*. Extracts from information received by Poor Law Commissioners, *Rural Queries for Surrey, Appendix (B)*, Part 1 XXX, Replies to Question p. 487 d. Cited in J. Hill, *Poverty, Unrest and the Response in Surrey, 1815-1834* (Unpublished PhD Thesis, Roehampton University, 2006), p. 113.



far from clear that they had any authority to require parishes to adopt particular policies towards the poor'.<sup>111</sup>

Given the absence of any coherent and consistent collective identity among the various tiers of the relief administration, to what extent did this impact upon the ability of the sick poor to target their appeals for relief appropriately? Clearly, the lack of any clear rules of engagement could result in appeals with marked differences in the resultant relief settlements. For example, although John Rollston's wife's request for 'a Midwife Shirts & Sheet' was granted, William Derry and Robert Gardner's applications for nursing assistance, and William Richardson's claim for a midwife, were rejected at the same sitting of the Banbury vestry.<sup>112</sup> Moreover, as vestry minutes indicate, this was not an isolated incident, with seemingly inconsistent relief decisions being recorded despite the apparent similarity of claims.<sup>113</sup> For those with uncertain settlements, this lack of 'joined-up' government meant that appeals for relief could be little more than plaintive cries for help, with the ability to establish an entitlement to relief severely circumscribed, as the letter written by John Baylis to the 'Gentlemen of the Parish of Finstock' illustrates.

I am sorry to Inform you that I Have A Family of 6 children the Eldest not 12~ years of Age ~ and my wife Has long been Afflicted with a Rheumatic Complaint which Renders Her Unable to times even to do for the Family- and it Has bean my Misfortune not to Be in A constant place of work for sometime I Have made Application to Mortlake Parish for Relief ~ as I thought I was Parishoner [?] By Renting Part of A House ~ at Seven Pounds Ten Shillings A year ~ and likewise a House At the same time ~ at six Guneas A Year Both Places was in my Possession ~ for Half A quarter of A year ~ I gave up that which I paid £7-10-0 for in Feby 1811[?] and have resided in the other ever since ~ I have been Before a Bench of Justices ~ and sworn to the Above statement But they will not satisfy me whether I am A Parishoner or no ~ and Mortlake Parish tells me ~ If I came to them for Relief ~ they will Pass me to Finstock ~ I expect to be out of work in the course of next week ~ and then I must Have Relief from somewhere ~ I Beg you will take my case into consideration ~ and write me an Answer as soon as possible ~ that I may know where my Parish is ~ And you will greatly Oblige  
Y<sup>r</sup> Most Obed<sup>t</sup> Humble Serv<sup>t</sup> John Baylis <sup>114</sup>

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<sup>111</sup> Eastwood, *Governing Rural England*, p. 105.

<sup>112</sup> MSS.D.D. Par. Banbury, c.36, ff. 110-11. October 10, 1820.

<sup>113</sup> See for example MSS.D.D. Par. Banbury, c.36, ff. 134-5, 151-2. March 6 and June 12, 1821. MSS.D.D. Par. Banbury, c.37, f. 57. April 22, 1823. For the idiosyncrasies which could attach themselves to individual pauper relief settlements refer to the case of John Grant. Ibid., ff. 20-6.

<sup>114</sup> MSS.D.D. Par. Charlbury, b.8/9. Item 9, December 17, 1820. Settlement could be remarkably difficult to determine. As the Guardians of the United Parishes of Oxford remarked, it was 'questionable whether every bastard child born in the general House of Industry is not under the present law settled in St. Gile's parish'. *A Bill to Repeal an Act of the Eleventh Year of His Late Majesty King George the Third, "For Regulating the Poor Within the City of Oxford"; and to Make other Provisions in Lieu thereof* (1827), pp. viii-ix.



For the settled poor however, sickness nevertheless afforded an opportunity to attain real purchase upon the parochial relief system. As King has argued, the linkage of sickness to wider poverty indicators invariably ‘boosted the case for relief since, even for the most dissolute of paupers, eighteenth and nineteenth century officials generally regarded sickness as fault-free’.<sup>115</sup> In the case of the somewhat clamorous Tull family, such recognition represented a real window of opportunity therefore, and the articulation of sickness within a wider framework of legitimising signifiers only served to elevate their claims of deservingness. The appeal of John Spencer on behalf of the family therefore represented an exemplar of appropriate strategy when navigating the relief process.

S<sup>r</sup> This is to acquaint you that George Tulls family has been Very ill for a long time; his wife has been Very ill and his Children has had the small pox; and he and three Children are very bad [?] of a sickness which Rages very much where the[y] be; they are very Bare of Clothes and very poor; they have six shillings p<sup>r</sup> week: and if she should fall a very heavy Expence must Enssue; we have Disbursed for their Relief one pound seventeen shillings; and should be glad to see one or more of you; or any body to Enspect into the affair.

From Your Hum<sup>ble</sup> Ser<sup>vt</sup>  
Jn<sup>o</sup>. Spencer; Overseer

P.S., She is a very industress woman and dos work very hard but Cant suport such a family as she has now<sup>116</sup>

Endemic sickness, a period of public suffering, compromised dignity; industriousness, and the opportunity to forestall costly future relief combined to create a powerful articulation of both need and deservingness which accommodated the disparate demands of an often fractious ‘system’ of parochial governance. Indeed, it may be suggested that this lack of internal cohesion and sense of clear vision actually presented the sick poor in particular with real opportunities when navigating the relief process, due to the contemporary difficulty of distinguishing the deserving from the undeserving. John Denson had somewhat acidly remarked that magistrates and overseers had a tendency to be ‘Liberal of their aid To clamorous importunity in rags, But ofttimes deaf to supplicants, who would blush To wear a tatter’d garb’.<sup>117</sup> As the case of the Langford family of Yarnton illustrates below

<sup>115</sup> King, ‘The Dignity of the Sick Poor’.

<sup>116</sup> PAR/207/5/C1/5. November 3, 1754.

<sup>117</sup> J. Denson, *A Peasant’s Voice to the Landowners* (Cambridge: 1830), p. 46. These remarks echo Arthur Young’s lament that ‘it may frequently be observed, that the shameless effrontery of an idle and dissolute subject will *extort* relief from parish officers, whilst the patient suffering of the helpless, but *real* objects of charity remain unnoticed’. A. Young, *General View of the Agriculture of Oxfordshire* (Newton Abbot: David and Charles, 1969), p. 334. Original emphasis. Arch critic of the



however, behind the claims of even the ‘noisy poor’ lay hooks of ‘deservingness’ which could embed themselves within the parochial relief system.

Mr Langford attended the meeting, & requested a pair of sheets, a [?] & a shirt – It was stated that the following sums were coming in to his Family at this time.

Langford earned	12 <sup>s</sup>	p <sup>r</sup> Week
His son -----	9	D <sup>o</sup> .
	5	D <sup>o</sup> .
	3	D <sup>o</sup> .
£ 1	19	

That Mrs Langford begged Alms at Oxford, where she used to go sometimes thrice a week – that she had wearied Alderman Fletcher by her importunities – that the Daughter, who had lately been brought to bed was a more deserving object of charity – that young Langford seemed, as if he intended to marry, a young woman having frequently of late come & lived at his Fathers house. The overseer is to consider his request.<sup>118</sup>

Clearly, such examples indicate that the process of relief functioned in a complex way that was dependant upon a whole series of variables. For the Langford family, the initial request for quite modest relief set in chain enquiries as to the financial circumstances of the family; how members of the family had deported themselves in the pursuit of assistance; the health of individuals and how this privileged any claim; and the potential for future financial burdens and settlement implications. Although for individuals such as Denson, the ‘deserving’ were all too often the ‘servile, tale-bearing, dust-licking, canting and hypocritical’, it remains that ‘questionable’ behaviour did not necessarily equate to an automatic dismissal of relief claims.<sup>119</sup> For the Langford family, this was clearly the case, with parochial accounts indicating that the family were subsequently awarded seven pounds and sixteen shillings in relief payments. Despite wearying no less a person than ‘Alderman Fletcher by her importunities’, Langford had clearly not undermined her entitlement to relief.<sup>120</sup> Poverty, allied with demonstrable industriousness, a pursuit of alternate relief options prior to application, and medical needs in the family all coalesced somewhat counter-

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Poor Laws the Rev. Malthus also warned against dispensing relief upon the *appearance* of distress, stating that if one ‘were to listen to only to the first impulses of our feelings without making further enquiries, we should undoubtedly give our assistance to the best actor...’ Rev. T. Malthus, *An Essay on the Principle of Population*, 6<sup>th</sup> edn. (London: John Murray, 1826), p. 530. See also J. Townsend, *A Dissertation on the Poor Laws* (London: 1817), pp. 6, 73.

<sup>118</sup> PAR/303/2/A1/1. January 5, 1812.

<sup>119</sup> Denson, *A Peasant’s Voice*, p. 46.

<sup>120</sup> PAR/303/5/F1/2, *Last Half Years Accounts, 1811*.



intuitively to legitimise their plight within a permeable parochial construction of deservingness.<sup>121</sup>

## Conclusion

Although historians such as Slack have argued that the codification of the Poor Laws represented an acknowledgement of the legitimacy of parochial relief, it remains less clear how this 'entitlement' was actually and actively constructed within the cosmology of the parish and the minds of the poor. This absence within the historiography is particularly telling, as relief must always be governed by demarcations which identify and isolate the 'legitimate' from the 'illegitimate'. Without such distinctions, it would be problematic in the least to reconcile the competing and often mutually exclusive interests of both the poor and ratepayers. Mere recognition of this reality does not however further any deeper understanding of the process of relief that characterised the Old Poor Law. Clearly, 'entitlement' was conditioned by local poverty landscapes, which helped shape sentimental impulses within parishes, giving rise to localised constructions of deservingness. In order to effectively make their case for relief therefore, the sick poor had to be cognisant of these wider forces, particularly as they dictated the appropriate rules of engagement within the relief process. In order to 'unpick' this process, it is therefore necessary to directly engage with the demand side of relief, and more specifically, focus in upon the strategies which the sick poor utilised in order to navigate this relief process. Although we have seen that these rules of engagement may be considered to fall within one of three broad relief paradigms, to what extent do such historical expositions adequately account for the often complex negotiation strategies employed by the sick poor of Oxfordshire?

The assertion that the sick poor were effectively agents of their own fate through their articulation of the language of rights and conscious triangulation within the relief process is potentially seductive. The emergence of pauper correspondence within narratives of the English way of welfare in particular has added real insights into the agency that was often demonstrated by the poor, and it has been argued that

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<sup>121</sup> Ibid.



the Oxfordshire sick poor were no exception to this general rule. Although the general poor undoubtedly actively pressed their claims on the parish, it is nevertheless clear that there was an assumption that sickness in particular could confer *de facto* legitimacy upon claimants. Despite the body being weak, it is clear that the spirit was often far from it. One consequence of this was the tendency of the sick poor to exploit independent testimony when navigating the relief process. Of course, it is difficult to discern whether third-party advocates were useful though unknowing allies of the sick poor, or whether they were adopting a Janus-esque pose that allowed them to conveniently view paupers and their relief applications with benevolent myopia. What is notable however is that the sick poor were aware that they were malleable, and that they could thus form an additional weapon in their armoury when seeking relief from the parish. It has also been argued that beyond these signifiers of agency, the sick poor could be so confident of their innate legitimacy and 'rights' that they were willing to seek legal redress when parishes were perceived to have reneged upon their duty of care in guaranteeing appropriate relief. However, whilst it is undoubtedly true that the sick poor could and indeed did on occasion co-opt the law in order to root their claims within a more legalistic and binding framework, it remains questionable whether recourse to such strategies represented a 'typical' response when seeking to legitimise claims on the parish.

If the sick poor were somewhat circumspect when it came to placing relief firmly within a discourse of inalienable rights, to what extent could their strategies be said to conform to some wider model of supplication? Clearly, much pauper correspondence is characterised by an overtly deferential tone. In light of the power relationships that characterised the agrarian parish in particular, this should come as no surprise. However, to view such demonstrations of deference as mere protestations of the powerless would be injudicious, for the imposition of behavioural constraints actually presented the sick poor with legitimate entry points into the communal relief system through the mediated pathways that were a natural consequence of such prescriptive parochial policy. Despite these observations, it has also been argued that adherence to these norms did not necessarily equate to a genuine demonstration of gratitude or deference, but rather that relief applicants were aware of the social expectations which governed parochial welfare, and tailored their approaches accordingly. The resultant relief landscape may have appeared somewhat shallow as a consequence, but it nevertheless accommodated and indeed somewhat



counter-intuitively reconciled the often competing interests of both sides of the relief equation.

Of course, although even the supplication model confers a degree of agency upon the sick poor, it should be acknowledged that this was little more than a form of 'conditioned' or 'codified' agency, whereby the lines of engagement were prescribed by parish elites. As the Poor Law was locked within the administrative unit of the parish, even these mediated pathways were governed by prevailing sentimental currents, and were consequently little more than a reflection of current orthodoxy within individual parishes. As communal relief was always a delicate trade-off between the supply and demand of relief, it is unsurprising that its day-to-day administration was tailored to meet the needs of the parish within parish-specific parameters. This corresponds rather well with the observation that the Poor Law itself was a loose confederation of ideologically independent 'welfare republics' that had to contend with their clamorous poor as best they could given local poverty landscapes.

The need to reconcile elastic notions such as sentiment and entitlement could however result in pronounced tensions within the parish, which sit somewhat uneasily within the relief paradigms noted above. The diary of Thomas Turner for example offers the historian a valuable insight into the schism that characterised the administration of the Old Poor Law, with the vestry, overseers and magistracy often at loggerheads over parochial policy, and the difficulties that were involved in ensuring that policy was implemented down the parochial chain of command.<sup>122</sup> Indeed, examples drawn from the Oxfordshire archive clearly indicate that Turner's belief that 'whenever the public good and that thing, self-interest, stand in competition with each other, the last should always submit and give way to the former', was rarely borne out within parishes.<sup>123</sup> Faced with such domineering and often uncooperative personnel, it is little wonder that parochial administrations – the engine of local welfare – could be such a contested arena, and that even the regulatory legal superstructure that looked down upon the parish could not always be reconciled within this administrative morass. In this respect, the criticisms of

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<sup>122</sup> Kate Tiller has argued that even though resident in East Hoathly, Sussex, the diary of Turner undoubtedly reflects some of the key issues which characterised the administration of relief within Oxfordshire parishes. K. Tiller, 'Eighteenth Century Attitudes to the Poor', *Oxfordshire Local History*, 3 (1988), 37-39.

<sup>123</sup> D. Vaisey (ed.), *The Diary of Thomas Turner 1754-1765* (Oxford: Oxford University Press, 1985), p. 289.



historians such as the Webbs and Marshall in particular pertaining to the administrative amateurism and failings of the Poor Law may have a degree of validity. Even if one were to draw a parallel between the idiosyncrasy of practice and the inherent flexibility of local relief policy, it would be difficult to reconcile such evident rancour with the effective administration of the parish. Indeed, the line when flexibility blurred into administrative anarchy was on occasion very thin indeed.

The most significant consequence of these shortcomings was that there was no fixed identity within the fractured parochial administrative system, which rendered the Poor Law particularly permeable. To take advantage of this structural weakness therefore, the sick poor had to be prepared to engage in a range of strategies, which could consist of an articulation – however obliquely – of the language of rights; deferential rhetoric within an appropriate mediated pathway; or indeed a combination of both in order to best navigate the relief process. Indeed, the employment of a range of targeted and ‘appropriate’ rhetorical assaults upon the parish could prove remarkably successful, with the redoubtable and adaptable Widow Doe securing relief from Rotherfield Greys for over fourteen years – despite the parish being assured at the outset that she was ‘not likely to trouble you long’.<sup>124</sup> As Eastwood concedes, ‘sympathy with the locality and its attitudes’ was an essential component of parochial governance.<sup>125</sup> Given these conditions, the parish must be viewed as both a ‘moulder’ of, and indeed ‘moulded’ by, relief policy, and success measured in terms of material advantage accrued by the sick poor, and the reinforcement – if only symbolically – of social hierarchies within the parish. Although de Tocqueville may well have lamented the apparent ease with which the poor attained succour from the parish, establishing an entitlement could involve a considerable investment of time and effort on the part of the sick poor. Moreover, despite the fractured nature of parochial governance rendering the system of relief somewhat permeable, it may be suggested that this was not an unwelcome consequence, as medical relief in particular was part of a wider set of reciprocating checks and balances that were essential in regulating social tensions within the cosmology of the parish.

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<sup>124</sup> PAR/211/5/C1/1. Item 25, February 13, 1758. Indeed, in the final years of her dependence, this ailing pauper was in receipt of around ten pounds per-annum, with additional relief to cover rent and sundry items such as clothing. See for example PAR/211/5/C1/1, Item 41. January 16, 1771.

<sup>125</sup> Eastwood, *Governing Rural England*, p. 42.



## Conclusion

It is much to be wished, as well for the comfort of the poor, as for the good of the community, that the laudable spirit, which existed within these thirty years, could be revived; when the poor would exert themselves to the utmost, before they would apply to the parish for relief; whereas they are now not ashamed to apply upon every trifling occasion, as well as upon sickness, or other great emergencies. It is to be feared, that this is a difficult task to be accomplished, as it requires the most serious attention of the legislature, the wisest regulations of the magistrates, the strictest attention and prudence in the parish officers and farmers, and the greatest industry, sobriety, and frugality, in the labourers.<sup>1</sup>

For individuals such as the Reverend Davies, the administration of local relief in Oxfordshire clearly left a lot to be desired. What is telling however is that this critique encapsulates the debates which informed and shaped medical relief during the tenure of the Old Poor Law. Despite a widespread perception of moral decline amongst the ranks of the poor, and the inadequate response of parochial governance, it is clear that even for the Rev. Davies, sickness nevertheless conferred almost *de facto* legitimacy upon the claims of the poor. Although made over two hundred years ago, such insights were remarkably prescient, for as Richard Dyson's work on Oxford indicates, dependence upon the parish by the sick poor was especially pronounced.<sup>2</sup> Moreover, despite the reservations of Mary Fissell and Alan Kidd in particular regarding the desirability or practicality of disaggregating 'medical relief' from wider aspects of social welfare, as research by Steven King, Richard Smith, Samantha Williams and Eric Thomas indicates, the complexity and expenditure that was often bound up with the relief of the sick poor justifies such a separation.<sup>3</sup> The data-sets which emerged from the systematic quantification of medical relief within the sample of Oxfordshire parishes undoubtedly support this position. Further, when

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<sup>1</sup> Rev. D. Davies, *General View of the Agriculture of the County of Oxford, with Observations on the Means of its Improvement* (London: 1794), pp. 38-9.

<sup>2</sup> R. Dyson, 'Who were the Poor of Oxford in the Late Eighteenth and Early nineteenth Centuries?', in A. Gestrich, S. King and L. Raphael (eds), *Being Poor in Modern Europe*, pp. 52-3. Around half of all relief settlements in 1785, and over a third in 1831, were sanctioned on the grounds of ill-health in the parish of St. Giles Oxford. For a full breakdown of the recorded reasons for poor relief applications refer to Figure 2.5, p. 53.

<sup>3</sup> A. Kidd, *State Society and the Poor in Nineteenth-Century England* (Basingstoke: Macmillan, 1999), p. 7; Fissell, M. E., 'The "Sick and Drooping Poor" in Eighteenth-Century Bristol and its Region', *Social History of Medicine*, 2 (1989), 35-58, esp. pp. 41-2; R. M. Smith, 'Ageing and Well-Being in early Modern England: Pension Trends and Gender Preferences under the English Old Poor Law c.1650-1800', in P. Johnson and P. Thane (eds), *Old Age from Antiquity to Post-Modernity* (London: Routledge, 1998), pp. 64-95; S. King, '"Stop This Overwhelming Torment of Destiny": Negotiating Financial Aid at Times of Sickness under the English Old Poor Law, 1800-1840', *Bulletin of the History of Medicine*, 79 (2005), 228-260; S. Williams, 'Practitioners' Income and Provision for the Poor: Parish Doctors in the Late Eighteenth and Early Nineteenth Centuries', *Social History of Medicine*, 18 (2005), 159-186; E. G. Thomas, 'The Old Poor Law and Medicine', *Medical History*, 24 (1980), 1-19.



viewed through a prism of both treatment and support, it is clear that the scale and scope of parochial provision for the sick poor was often impressive, marrying cash doles with clothing, food, fuel and recourse to professional practitioners and institutional care. Despite such apparent largesse however, rising levels of background poverty during the final decades of the Old Poor Law clearly had repercussions for (and no doubt contributed to the ranks of) the sick poor. Given this harsh economic climate, it would appear that medical relief became increasingly peripheral to the wider concerns of the Poor Law, with the sick poor consequently marginalised during these 'crisis' years. It is important to note however that such conclusions may obscure the finer details which informed and helped shape the delivery of medical relief. The relative inelasticity of medical contract values for example may suggest that although parishes were devoting proportionately less of their welfare budget to medical relief, they were nevertheless extracting what may be termed 'value added' from contractual arrangements in particular. Moreover, the price inelasticity of medicines and services such as midwifery likewise indicates that it was not impossible for parishes to maintain an often impressive level of medical provision even within these straightened financial circumstances.

Medical relief cannot exist in isolation from wider cultural movements however. The narratives of modernity which have attached themselves to medical provision during the Old Poor Law in particular demand re-evaluation. To what extent did the 'professionalisation' of medicine and the emergence of a medical marketplace inform and shape the medical horizons of the sick poor for example? Although the 'professional' medical practitioner undoubtedly played a more dominant role within the lives of the sick poor, it is clear that in Oxfordshire at least, this movement remained somewhat retarded and spasmodic. Moreover, such developments never entirely supplanted more traditional and entrenched medical practices. Recourse to lay medical interventions at the behest of the parish – particularly in respect of the 'support' component of relief such as nursing – clearly indicates that the supply of medical relief was never purely conditioned by wider notions of progress. The need to ration scarce welfare resources naturally resulted in local medical landscapes that were tailored where possible to accommodate the needs and expectations of the legitimate sick poor, and the community which underwrote relief. This delicate balancing act may well explain the longevity of, for example, the pauper nurse, and the niche which could be occupied by the 'career' midwife. Such



observations are equally applicable to the institutional responses to sickness that grew in prominence and prestige at this time. Although, institutions such as the Radcliffe Infirmary and both private and charitable asylums were clearly utilised by Oxfordshire parishes, it remains questionable whether they ever replaced more traditional welfare strategies, or led to any substantive relocation of the medical lives of the sick poor beyond the bounds of the parish.

Despite the apparent reluctance to recast medical relief, it is clear that provision was often impressive. The extent to which such relief settlements ever constituted a 'welfare state in miniature' is, however, more problematic. As the needs of the sick poor had to be reconciled within the wider sentimental landscape of the parish – which was itself informed and shaped by wider legal, moral and economic forces – this meant that relief itself was a process, and moreover one that was characterised by exclusion.<sup>4</sup> These observations naturally play into any analysis of the quantitative data-sets, as they naturally only represent the end of this process of relief. The often undeclared rhetoric of the 'deserving' and 'undeserving' poor was consequently exploited in order to balance the demands of ratepayers with the expectations or ill-defined 'rights' of the sick poor. Even though the bland and impersonal entries within the ledgers of parochial overseers often mask this process, it is still possible to discern some of the moral and economic conditioners which shaped medical relief.<sup>5</sup> When more diverse archival sources are employed, this is thrown into even sharper focus, with parishes actively seeking to impose linkages between moral propriety and an entitlement to relief, and attempting to shape pauper behaviour itself in a process akin to a proletarianised reformation of manners. In general terms, the squeezing of medical relief during the final decades of the Old Poor Law meant that parishes drew upon a common well of knowledge in respect of what 'worked' or was 'appropriate'. The emergence of often sophisticated networks of communication – in part inspired by the system of out-parish relief – naturally fed

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<sup>4</sup> M. J. Braddick and J. Walter, 'Introduction. Grids of Power: Order, Hierarchy and Subordination in Early Modern Society', and S. Hindle, 'Exhortation and Entitlement: Negotiating Inequality in English Rural Communities, 1550-1650', both in M. J. Braddick and J. Walter (eds), *Negotiating Power in Early Modern Society. Order, Hierarchy and Subordination in Britain and Ireland* (Cambridge: Cambridge University Press, 2001), pp. 1-42, 102-122; S. King, 'Making the Most of Opportunity. The Economy of Makeshifts in the Early Modern North', in: S. King and A. Tomkins (eds), *The Poor in England*, pp. 232-35; S. Hindle, 'Power, Poor Relief, and Social Relations in Holland Fen, c.1600-1800', *The Historical Journal*, 41 (1998), 67-96.

<sup>5</sup> S. A. King, *A Fylde Country Practice: Medicine and Society in Lancashire, c.1760-1840* (Lancaster: Centre for North West Regional Studies, 2001), p.18.



into and shaped relief strategies during such straightened times.<sup>6</sup> The imposition of ever-more restrictive conditions to the levels and forms of medical relief was therefore one such response adopted across Oxfordshire. Irrespective of these surface intentions however, it remains problematic to discern distinct trends in sentimental currents which transcended the symbolic within the administration of parochial welfare.

Beyond the attitudes and actions of the parish lay the poor themselves, and when they are introduced into the narrative, real insights have been made through the prism of medical relief. For example, it is clear that the sick poor were acutely aware of prevailing sentimental currents, and honed their rhetorical strategies in order to navigate the complex relief process. Whether they adopted the language of rights, or supplication to the prevailing power structures within the parish, the poor were clearly conscious that sickness was a valuable currency that could be traded within the battle for scarce welfare resources. However, although historians such as Peter King have shed important light on the use of the language of rights and recourse to the sanction of the law by the poor in order to attain 'rightful' relief, there remains little evidence that such techniques formed the bed-rock of negotiation strategy within any significant cohort of the Oxfordshire sick poor.<sup>7</sup> The extent to which deference represented the oil which greased parochial relief is also questionable. Despite the imposition of behavioural constraints somewhat counter-intuitively presenting the sick poor with a series of mediated pathways through which they could recast themselves and legitimise relief claims, it remains less certain that such a relief paradigm adequately mirrors the reality of the often schizophrenic nature of parochial governance.

As 'exclusion' remained the prevailing organising principle of relief, it was necessary for the poor to be as flexible in their attitudes and strategies as the local elites which governed and administered relief. Of course, this did not prevent 'entitlement' remaining a somewhat contested term throughout the period. But it is argued that despite the fluidity which characterised the currency of deservingness, an articulation of sickness acted as a bulwark against wider sentimental impulses when

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<sup>6</sup> See for example, S. King, "'It is impossible for our Vestry to judge his case into perfection from here': Managing the Distance Dimensions of Poor Relief, 1800-40", *Rural History*, 16 (2005), 161-189.

<sup>7</sup> P. King, 'The Summary Courts and Social Relations in Eighteenth-Century England', *Past and Present*, 183 (2004), 125-172.



the poor sought to navigate the locally rooted relief process. This should come as no surprise, for qualitative data within the archive indicates that relief settlements were, above all else, forged within the context of the social relations that characterised these local welfare republics. Such intense localism does not of course preclude commonalities between parishes. Indeed, both the quantitative analysis and reconstruction of the factors which governed the process of relief have indicated that parishes and paupers adopted similar practices in respect of the supply and demand side of relief. The significant point however is that parishes had to cut their welfare cloth according to particular local poverty landscapes, and that the sick poor had to be cognisant of this fact, and tailor their relief strategies accordingly. Moreover, when the parish is viewed as a stage upon which individuals perform to achieve specific goals, the fragmentary and fractured nature of the primary source material begins to coalesce into a narrative that although promiscuous, is nevertheless entirely pragmatic. Clearly, both the ‘deserving poor’ and ruling elites were never possessed of a homogenous identity over time and space, which rendered sentiment and entitlement remarkably elastic terms. Of course, this observation can be used to imply that the Old Poor Law was either accommodating and flexible, or absurdly inconcrete and lax. Indeed, it undoubtedly was all of these things, but that should not distort the functionality of the ‘system’. The very vagueness that characterised the administration of the Old Poor Law – aided it must be acknowledged by the plethora of enabling legislation over its lifespan that injected infinite shades of grey into relief policy – created ‘space’ within the architecture of parochial relief whereby the various ‘actors’ could play out their ‘roles’. These roles may not have been written by the individuals concerned, and may even have been thrust upon them, but they nonetheless reinforced the complex set of reciprocating checks and balances which characterised parochial relief, and explain in part why the paternal obligations of 1601 were never wholly sacrificed in order to shave a penny off the rates.

Although not wishing to ‘dwell long upon the system of medical attendance on paupers’, in his deposition to the 1834 Poor Law Commission, John Calvert nevertheless felt compelled to state that it was ‘a system which has the most injurious effects on every one connected with it, the parish officer, the apothecary and the



pauper.’<sup>8</sup> As this thesis has demonstrated, such glib remarks resonate with the lack of subtlety and in-depth analysis that lies at the heart of much of the secondary literature. The process of reconstructing the medical landscape of any particular time or place is of course a complex task, which is why this thesis is but one of a few isolated attempts. Clearly such an endeavour necessitates the use of fractured sources, but this does not invalidate the legitimacy of the research agenda, for when used judiciously and with qualification, overseer accounts, vestry minutes, parochial correspondence and contemporary narratives have real potential to add to the poverty and welfare debate in general, and to a greater understanding of the relief of the sick poor in particular. What emerges as a consequence of the utilisation of such sources may well be shades of grey, but this ambiguity nevertheless represents a clear and necessary movement away from the generalisations that have characterised much current historiographical thinking.

These new perspectives have demanded the history of English welfare to be viewed through new and more critical prisms, and have enabled old answers to be questioned. What is equally clear however is that this new research agenda has also given rise to new questions which need to be answered. Notions of identity and belonging, and how they impacted upon and shaped the often fluid and contested terrain of sentiment and entitlement for example have come to the fore. Likewise, the ‘voice’ of the poor has begun to emerge and inform the discourse, raising important questions in respect of agency, and the signifiers of ‘needs’ and ‘rights’ – whether consciously or unconsciously adopted and employed by both pauper and parish. In order to re-engage with the lives of the sick poor during the Old Poor Law, it is therefore incumbent upon the historian to exploit these challenging and innovative avenues of research, as it is only through such studies that the keys to unlocking the medical landscape of the Old Poor Law will be located.

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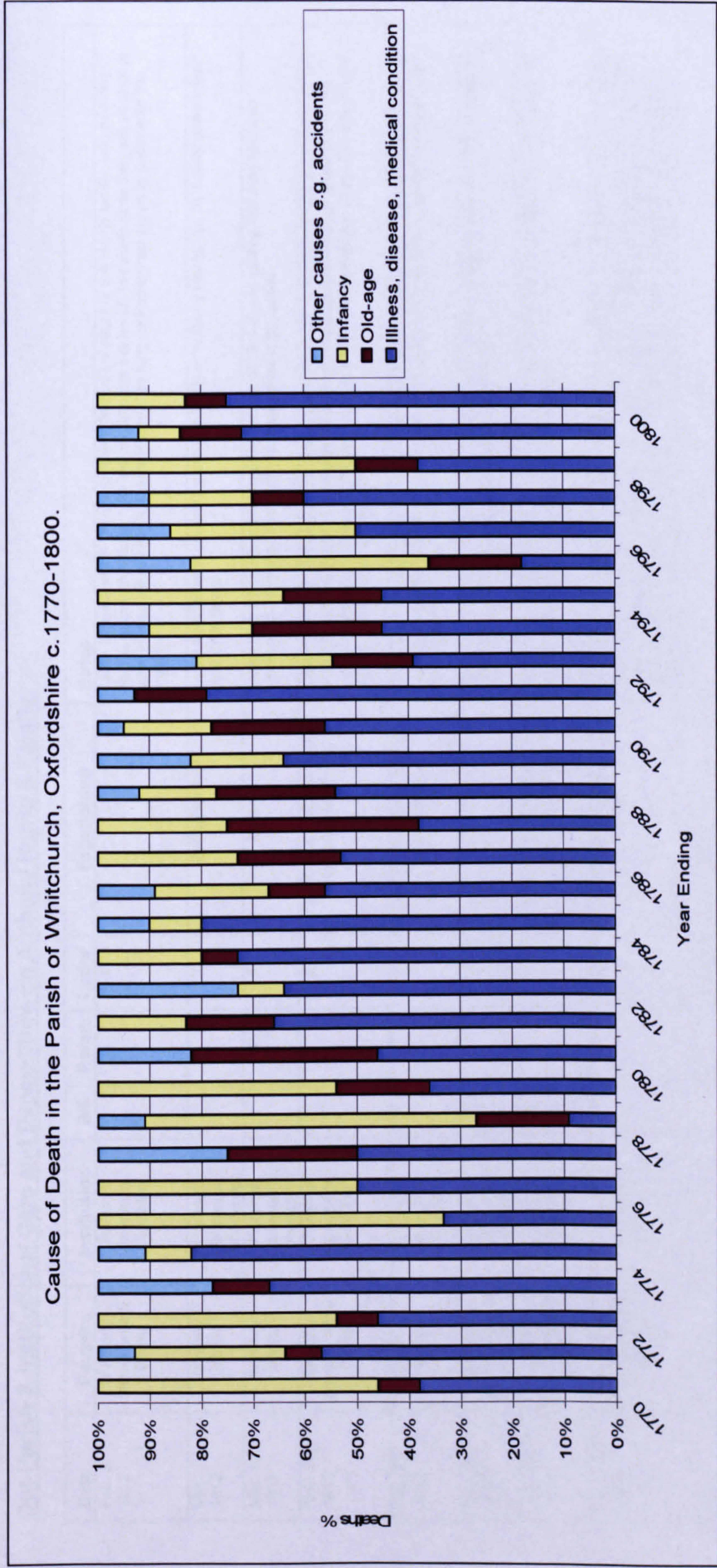
<sup>8</sup> *Report from His Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws, Appendix (C.), Communications No. 3 (1834)*, J. M. Calvert, ‘On Dispensary Associations’, p. 24 c.



## Appendices



**Appendix 1**



Source: O.R.O., PAR/287/1/R1/1: *Whitchurch, Register of Baptisms, Marriages and Burials*.

Note: Deaths recorded as a consequence of 'old age', 'infancy' and 'accidents' may also have associated sickness episodes, which may result in these figures under-representing the extent to which ill-health was a contributory factor in overall mortality within the parish, and the level of dependence upon the local welfare regime that these paupers represented prior to death.



## Appendix 2

### Out-Parish & Institutional Care and Expenditure on Anthony Harris & Family.

Date	Paupers	Institution	Bill	Recpt	Letter	Expenditure	Notes
Feb. 8, 1812	Anthony Harris, wife & family	Parish of Isleworth, Middlesex.			X		Letter from Isleworth informing Rotherfield of the plight of the Harris family, with Anthony Harris, once industrious, now 'deranged of his intellects'. Isleworth state they will attempt to have him admitted into St. Lukes Hospital so long as Rotherfield agree to underwrite the expense.
Mar. 2, 1812	Anthony Harris	Parish of Isleworth, Middlesex.			X	£100 (bond)	Letter from Islewrth confirming the admission of Anthony Harris into St. Lukes underwritten by a £100 bond.
Mar. 13, 1812	Anthony Harris	Parish of Isleworth, Middlesex.		X	X	£9-4-8	Letter from Isleworth acknowledging receipt of £9-4-8, and stating that they will keep Rotherfield informed of Harris's progress whilst in St. Lukes.
Nov. 24, 1812	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.			X	£0-2-0 in addition to weekly allowance of £0-7-0	Letter informing Rotherfield that the family of Harris 'is now afflicted with the small pox', and informing Rotherfield that Isleworth are making an additional 2 shilling allowance to the family as a consequence, and wish to continue 'with the approbation of the Officers of your Parish...until the childn. recover'.
Dec. 22, 1812	Anthony Harris	Parish of Isleworth, Middlesex.	X		X	£1-14-5 (for clothes for Harris at St. Lukes)	Letter from Isleworth informing Rotherfield of Harris's poor progress, and that they have felt obliged to buy him clothes 'to defend him from the Inclemency of the present season', and wish to be reimbursed for the expense.
Dec. 30, 1812	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X		X	£13-8-0	Letter from Isleworth with the account for Harris' family, for period Dec. 28, 1811 to Dec. 28, 1812, plus extra on account of illness of the children.
Apr. 13, 1813	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X		X	£6-3-6 (relief for the family) £1-0-6 (doctors bill) £7-4-0 Total Bill	Letter from Isleworth with the account for Harris' family, for period Dec. 28, 1812 to Apr. 19, 1813, plus Doctors bill for treating the children.
Nov. 14, 1813	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.			X	£0-4-0 / £0-5-0 allowance per week	Letter from Isleworth stating that although Rotherfield wished the Harris family's allowance to be reduced 4 shillings per week, the circumstances of the family induced Isleworth to give them 5 shillings the previous week, and that if Rotherfield insist on reducing the allowance, then Mrs Harris states that they must return to Rotherfield. Isleworth wish to hear from Rotherfield upon this subject 'if the determination of your Officers is unalterably fixed'.
Mar. 27, 1815 -Sept. 25, 1815	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X			£6-10-0	
Nov. 15, 1815	Anthony Harris	Hoxton Lunatic Asylum		X	X	£15-13-6	Letter from Hoxton Lunatic Asylum acknowledging receipt of £15-13-6 for Harris's care up to Sept. 30. Also informs Rotherfield of the likely increase in maintenance costs due to the imminent passing of legislation concerning the Regulation of Insane Paupers, and that they will endeavour to minimise any future increases.



### Out-Parish & Institutional Care and Expenditure on Anthony Harris & Family (cont.)

Date	Paupers	Institution	Bill	Recpt	Letter	Expenditure	Notes
Nov. 15, 1815	Anthony Harris	Hoxton Lunatic Asylum		X	X	£15-13-6	Letter from Hoxton Lunatic Asylum acknowledging receipt of £15-13-6 for Harris's care up to Sept. 30. Also informs Rotherfield of the likely increase in maintenance costs due to the imminent passing of legislation concerning the Regulation of Insane Paupers, and that they will endeavour to minimise any future increases.
Sept. 25, 1815 - Mar. 25, 1816	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X			£6-7-0	Signed: 'Gent. I beg your immediate attention to the discharge of the above acct. as the overseers are considerably in advan for the Parish and necessarily urge the payment of their Bills with the least possible delay'.
Mar. 30, 1816 - June 30, 1816	Anthony Harris	Hoxton House Asylum	X			£24-14-0	
Mar. 25 - Sept. 23, 1816	Anthony Harris's wife & family	Isleworth Parish	X			£4-18-0	Written on Bill: 'forwarded the [?] & Bk England Five Pound note no. 15970 Dated 27 July 1816'.
Oct. 6, 1816	Anthony Harris's wife & family	Isleworth Parish		X			Letter acknowledging receipt of £5 .
Oct. 22, 1816	Anthony Harris's wife & family	Isleworth Parish			X	£0-3-6 current allowance. Rotherfield appear to consider a 20s or 25s grant, and raise the allowance to £0-4-0 per week.	Letter from Isleworth concerning the distress of Harris's family, who 'now have no work', and for which Isleworth consider the 3/6 weekly allowance from Rotherfield 'very inadequate to the support of herself & three children'.
Feb. 23, 1818	Anthony Harris's wife & family	Isleworth Parish			X		Letter from Isleworth concerning the Harris family, informing Rotherfield that 'About 3 weeks ago her Daughter lost the use of her Limbs, & has been confined to her bed ever since'. States that he has 'given her such assistance as I could spare', and requests that Rotherfield 'make an...allowance as long as her Daughter remains in her present disabled state. I shall know whenever she is able to go to work again'.
Mar. 23 - Sept. 23, 1818	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X			£6-19-0	Isleworth sign off: 'Sir Have the goodness to remit the above sum as early as possibly we being very poor'.
Mar. 23 - Sept. 23, 1818 & Sept. 23 - Mar. 25, 1819	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X			£12-19-9	Rotherfield clearly haven't paid the bill listed above as sum of £6-19-0 listed as outstanding.
Mar. 25, 1819 -Sept. 23, 1819	Anthony Harris's wife & family	Parish of Isleworth, Middlesex.	X			£5-16-0	Paid 25th March 1820.



### Out-Parish & Institutional Care and Expenditure on Anthony Harris & Family (cont.)

Date	Paupers	Institution	Bill	Recpt	Letter	Expenditure	Notes
Apr. - Sept. 1815	Anthony Harris	Hoxton House Asylum	X			£22-3-6	Original Bill £15-13-6, with additional £6-10-0 added on. Is this an unpaid prior bill? Also, bill signed off with 'Sir J. Miles Respects the Patient continues in the same state'.
Aug. 14, 1816	Anthony Harris	Hoxton Asylum			X	£20-0-0	Letter to Rotherfield: 'Sir Jon. Miles presents hi respects to the Overseers of Grays feel particularly obliges[?] by their ready acquiescence and request in Enclosing him £20 on acct. of A. Harris which is safely received. Hoxton Asylum Augt. 14 1816'
Mar. 5 - Sept. 1813	Anthony Harris	Hoxton House	X			£17-6-10	Bill which includes entries for: 'Coach to St Lukes' 0-1-8; 'Servent going for him' 0-2-6; 'Paid Saint Lukes Bill' 2-6-8.
Sept. 5 - Dec. 31, 1813	Anthony Harris	Hoxton House	X			£28-17-4	
Dec. 31, 1813	Anthony Harris	Hoxton House		X		£28-17-4	Letter to Rotherfield acknowledging receipt of outstanding sum.
Dec. 16, 1824	Anthony Harris	St Lukes Hospital for Lunatics	X			£7-16-0	
Dec. 22, 1824	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-16-0	Receipt for care 24 Dec 1824 - 25 June next.
June 29, 1824	Anthony Harris	Hoxton House		X		£9-17-2	
June 24, 1824	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-16-0	Receipt for care 25 June - 31 Oct. 1824
Feb. 10, 1824	Anthony Harris	Hoxton House		X		£52-16-2	Reciept for account up to Dec 31 1823.
Dec. 10, 1828	Anthony Harris	St Lukes Hospital for Lunatics	X			£10-18-6	
Dec. 22, 1828	Anthony Harris	St Lukes Hospital for Lunatics		X		£10-18-6	Receipt for care Dec. 26 - June 26 next.
Dec. 14, 1827	Anthony Harris	St Lukes Hospital for Lunatics	X			£11-15-0	
Dec. 26, 1827	Anthony Harris	St Lukes Hospital for Lunatics		X		£11-15-0	Receipt for care Dec. 28 - June 27 next.
June 9, 1826	Anthony Harris	St Lukes Hospital for Lunatics	X				No total entered on Bill.



**Out-Parish & Institutional Care and Expenditure on Anthony Harris & Family (cont.)**

Date	Paupers	Institution	Bill	Recpt	Letter	Expenditure	Notes
June 24, 1829	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-16-0	Receipt for care June 26 - Dec. 25 next.
Dec. 10, 1829	Anthony Harris	St Lukes Hospital for Lunatics	X			£12-0-0	
Dec. 28, 1829 [?]	Anthony Harris	St Lukes Hospital for Lunatics		X		£12-0-0	Receipt for care Dec. 25 - June 25 next.
June 9, 1828	Anthony Harris	St Lukes Hospital for Lunatics	X				No total entered on Bill.
June 18, 1828	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-16-0	Receipt for care June 27 - Dec. 26 next.
Jan. 15, 1831	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-10-0	Receipt for care Dec. 31 - June 24 next.
June 30, 1830	Anthony Harris	St Lukes Hospital for Lunatics		X		£8-2-0	Receipt for care June 25 - Dec. 30 next.
July 11, 1831	Anthony Harris	St Lukes Hospital for Lunatics		X		£8-2-0	Receipt for care June 24 - Dec. 30 next.
July 30, 1832	Anthony Harris	St Lukes Hospital for Lunatics		X		£10-18-2	Receipt for care Dec. 30 - June 29 next.
June 9, 1831	Anthony Harris	St Lukes Hospital for Lunatics	X			£8-2-0	
Dec. 14, 1826	Anthony Harris	St Lukes Hospital for Lunatics	X			£11-4-6	
June 21, 1826	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-16-0	Receipt for care June 30 - Dec. 29 next.
Dec. 30, 1826	Anthony Harris	St Lukes Hospital for Lunatics		X		£11-4-6	Receipt for care Dec. 29 - June 29 next.
June 25, 1827	Anthony Harris	St Lukes Hospital for Lunatics		X		£7-16-0	Receipt for care June 29 - Dec. 28 next.
March 12, 1825	Anthony Harris	St Lukes Hospital for Lunatics	X			£16-2-6	Appears to be a multiple bill.



**Out-Parish & Institutional Care and Expenditure on Anthony Harris & Family (cont.)**

Date	Paupers	Institution	Bill	Recpt	Letter	Expenditure	Notes
June 26, 1825	Anthony Harris	St Lukes Hospital for Lunatics		X		£8-2-0	Receipt for care June 24 - Dec. 30 next.
Dec. 20, 1825	Anthony Harris	St Lukes Hospital for Lunatics	X			£13-3-6	Bill with additional unexplained figures added on, not included here.
Dec. 29, 1825	Anthony Harris	St Lukes Hospital for Lunatics		X		£13-3-6	Receipt for care Dec. 30 - June 30 next.
Sept. 30, 1815	Anthony Harris	Horton House Asylum	X			£16-14-0	
Dec. 9, 1830	Anthony Harris	St Lukes Hospital for Lunatics	X			£11-0-0	
June 10, 1830	Anthony Harris	St Lukes Hospital for Lunatics	X			£8-2-0	



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